



MARYLAND MEDICAID PHARMACY PROGRAM

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ADVISORY

In an effort to give timely notice to the pharmacy community concerning important pharmacy topics, the Department of Health and Mental Hygiene's (DHMH) Maryland Medicaid Pharmacy Program (MMPP) has developed the Maryland Medicaid Pharmacy Program Advisory. To expedite information timely to the pharmacy and prescriber communities, an email network has been established which incorporates the email lists of the Maryland Pharmacists Association, EPIC, CARE, Long Term Care Consultants, headquarters of all chain drugstores and prescriber associations and organizations. It is our hope that the information is disseminated to all interested parties. If you have not received this email through any of the previously noted parties or via DHMH, please contact the MMPP representative at 410-767-1455.

Generic vs. Brand Status on Maryland's Preferred Drug List

Medicaid's Preferred Drug List, encompassing about 1700 drugs, covers most of the generic versions of preferred multisource brand drugs without any type of prior authorization. If the prescription for a brand name drug is to be dispensed as written, the prescriber must complete and submit a Medwatch form (<http://mmcp.dhmh.maryland.gov/pap/docs/Maryland%20Medwatch%20Form.pdf>). The State's clinical pharmacy team will review the Medwatch form and notify the prescriber whether the request for the brand name drug was approved or denied. The State will forward the Medwatch form to the FDA.

The Maryland Medicaid Pharmacy Program (MMPP) wants to alert you to changes in the exceptions to this rule.

Effective May 16 2015, brand Abilify® tablets is preferred over its generic equivalent aripiprazole tablets.

Effective May 29, 2015, brand names Tobradex® drops and Toprol XL® are no longer preferred over their generic equivalents. Please refer to our website for a complete list of the PDL at the following link: <https://mmcp.dhmh.maryland.gov/pap/SitePages/Preferred%20Drug%20List.aspx>

Not All Generics are Preferred

In order for the State to enhance the benefit of the PDL, in some instances the multisource brand name drug is Preferred over its generic equivalent, because the branded drug is less costly than its generic counterpart. This happens most often in cases of newly released generics. When manufacturer rebates are taken into consideration, the brand name drug has a lower net cost to the State. When the brand name drug is Preferred, no Medwatch nor authorization is needed¹. Enter a **DAW code of 6** on the claim to have it correctly priced.

If any problems are encountered during the on-line claim adjudication of Preferred Brands, contact Xerox 24-hour Help Desk at 800-932-3918 for additional system overrides related to the use of the correct DAW code (For example, when there is other insurance that is primary). Please maintain this Advisory as a reference in addition to any updates that follow. This information is available at <http://www.epocrates.com> on your desktop computer or PDA/Smartphone. Epocrates is updated weekly. **The Brand Preferred exceptions are as follows:**

Preferred Brands

Abilify tablets
Adderall XR
Alphagan P 0.15%
Carbatrol ER
Cardizem LA
Catapres TTS
Depakote Sprinkles
Dexedrine ER
Diastat
Differin cream
Focalin
Focalin XR
Gabitril
Intuniv
Kadian
Lidoderm
Metadate CD
Methylin Oral Solution
Parnate
Pulmicort respules 0.25mg and 0.5mg
Ritalin LA
Tegretol suspension
Trileptal suspension

Non-Preferred Generics

aripiprazole tablets
amphetamine salt combo ER
brimonidine 0.15%
carbamazepine ER
diltiazem ER tablets
clonidine patches
divalproex sprinkles
dextroamphetamine ER
diazepam rectal
adapalene cream
dexmethylphenidate
dexmethylphenidate XR
tiagabine
guanfacine ER
morphine sulfate ER
lidocaine patch
methylphenidate CD capsules
methylphenidate oral solution
tranylcypromine
budesonide respules
methylphenidate ER capsules
carbamazepine suspension
oxcarbazepine suspension

¹ Unless the Program has established clinical criteria for the drug. Clinical Criteria can be found by going to the below link:

<http://mmcp.dhmh.maryland.gov/pap/SitePages/Clinical%20Criteria.aspx>.