

## Office of Pharmacy Services Medicaid Pharmacy Program Preferred Drug List: Generic vs. Brand Status

**Not all Generics are Preferred.** In some instances, the State prefers the multisource brand name drug over its generic equivalent because the branded drug is more cost effective than its generic counterpart.

- When the brand name drug is preferred, no Medwatch is needed <sup>1,2</sup>
- Pharmacy providers must 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 Conduent's 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)

Therapeutic Class	Preferred BRAND	Non-Preferred GENERIC
Anticonvulsants	Depakote Sprinkle capsule	divalproex sprinkle capsule
Anticonvulsants	Sabril tablet, Powder Packet <sup>2</sup>	vigabatrin tablet, powder packet <sup>2</sup>
Anticonvulsants	Trileptal suspension (oral)	oxcarbazepine suspension (oral)
COPD Agents	Spiriva Handihaler	tiotropium bromide capsule
Glucocorticoids, Inhaled	Symbicort (inhalation)	budesonide/formoterol (inhalation)
Glucocorticoids, Inhaled	Flovent HFA <sup>3</sup>	fluticasone propionate <sup>3</sup>
Hypoglycemics, Insulins	Lantus Solostar <sup>3</sup>	insulin glargine Solostar <sup>3</sup>
Hypoglycemics, Insulins	Lantus vial <sup>3</sup>	insulin glargine vial <sup>3</sup>
Opioid Use Disorder Treatments	Narcan Nasal Spray <sup>3</sup>	naloxone nasal spray <sup>3</sup>
Opioid Use Disorder Treatments	Suboxone Film	buprenorphine/naloxone film
Stimulants and Related Agents	Adderall XR capsule	amphetamine salt combo ER capsule
Stimulants and Related Agents	Concerta tablet	methylphenidate ER capsule
Stimulants and Related Agents	Daytrana	methylphenidate transdermal
Stimulants and Related Agents	Focalin XR <sup>3</sup>	dexmethylphenidate XR capsule <sup>3</sup>
Stimulants and Related Agents	Vyvanse	lisdexamfetamine capsule
Ulcerative Colitis Agents	Pentasa <sup>3</sup>	mesalamine ER capsule <sup>3</sup>

<sup>3</sup> Both brand and generic preferred

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<sup>&</sup>lt;sup>1</sup>Unless the Program has established clinical criteria for the drug. Clinical criteria can be found <u>here.</u>

<sup>&</sup>lt;sup>2</sup> Is a non-preferred drug on the PDL and will require a prior authorization by the prescriber