



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 ^{1,2}
- 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
Antibiotics, Inhaled	Bethkis	tobramycin solution
Anticonvulsants	Sabril tablet, Powder Packet ²	vigabatrin tablet, powder packet ²
Anticonvulsants	Trileptal suspension (oral)	oxcarbazepine suspension (oral)
Antipsychotics	Risperdal Consta	risperidone ER injection
COPD Agents	Spiriva Handihaler	tiotropium bromide capsule
Cytokine and CAM Antagonists	Cyltezo ³	adalimumab-ADB ³
Glucocorticoids, Inhaled	Symbicort (inhalation)	budesonide/formoterol (inhalation)
Hypoglycemics, Insulins	Lantus Solostar ³	insulin glargine Solostar ³
Hypoglycemics, Insulins	Lantus vial ³	insulin glargine vial ³
Hypoglycemic, SGLT2 Inhibitors	Farxiga	dapagliflozin tablet
Opioid Use Disorder Treatments	Narcan Nasal Spray ³	naloxone nasal spray ³
Opioid Use Disorder Treatments	Suboxone Film	buprenorphine/naloxone film
Stimulants and Related Agents	Adderall XR capsule ³	amphetamine salt combo ER capsule ³
Stimulants and Related Agents	Concerta tablet	methylphenidate ER tablet
Stimulants and Related Agents	Daytrana	methylphenidate transdermal
Stimulants and Related Agents	Focalin XR ³	dexmethylphenidate XR capsule ³
Stimulants and Related Agents	Ritalin LA ³	methylphenidate ER capsule ³
Stimulants and Related Agents	Vyvanse	lisdexamfetamine capsule
Ulcerative Colitis Agents	Pentasa ³	mesalamine ER capsule ³

¹ Unless the Program has established clinical criteria for the drug. Clinical criteria can be found [here](#).

² Is a non-preferred drug on the PDL and will require a prior authorization by the prescriber

³ Both brand and generic preferred