



## 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	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 <sup>3</sup>	amphetamine salt combo ER capsule <sup>3</sup>
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>1</sup> Unless the Program has established clinical criteria for the drug. Clinical criteria can be found [here](#).

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

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