



No. 196

April 5, 2019

Brand vs Generic (DAW 6) Changes on Maryland Medicaid's Preferred Drug List

Effective Monday, April 22, 2019, the Maryland Medicaid Pharmacy Program (MMPP) wants to alert you to the following DAW 6 changes:

- Brand Advair Diskus Inhalation Powder is preferred over its generic equivalent (fluticasone propionate and salmeterol) inhalation powder. Claims for brand Advair Diskus must be submitted with DAW 6 code and will be priced appropriately. A Maryland Department of Health (MDH) Medwatch form will not be required. Claims with any other DAW code will reject.
- <u>Both</u> brand Transderm Scop® Transdermal System Patch and its generic (scopolamine transdermal patch) are preferred on the Maryland Medicaid Preferred Drug List (PDL). Claims for brand Transderm Scop® Transdermal System Patch must be submitted with DAW 6 code and will be priced appropriately. A Maryland Department of Health (MDH) Medwatch form will not be required. Claims with any other DAW code will reject.
- Brand Tamiflu® capsules and suspension are no longer preferred over their generic equivalent (oseltamivir). Claims for oseltamivir capsules and suspension are handled in the same manner as claims for other multisource medications. Claims for brand Tamiflu® capsules and suspension will adjudicate only if there is a prior authorization based on an approved MDH Medwatch form which can be found at the following link: https://mmcp.health.maryland.gov/pap/docs/Maryland%20Medwatch%20Form.pdf

In an effort to give timely notice to the pharmacy community concerning important pharmacy topics, the Maryland Department of Health (MDH), 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 MDH, please contact the MMPP representative at 410-767-1455.

 Also, effective Monday, April 22, 2019, the Maryland Medicaid Pharmacy Program (MMPP) wants to alert you the brand Cubicin® Injection will no longer be preferred over its generic equivalent (daptomycin)*. Claims for daptomycin injection will be handled in the same manner as claims for other multisource medications. Claims for brand Cubicin® Injection will adjudicate only if there is a prior authorization based on an approved MDH Medwatch form which can be found at the following link: https://mmcp.health.maryland.gov/pap/docs/Maryland%20Medwatch%20Form.pdf

* Cubicin® (daptomycin) is a Non-PDL medication.

Please refer to our website for a complete list of preferred and non-preferred medications known as the Preferred Drug List (PDL) which can be found at the following link: <u>https://mmcp.health.maryland.gov/pap/docs/Maryland%20PDL%201.1.19.pdf</u>

All Advisories are available online on MDH's web link at: https://mmcp.health.maryland.gov/pap/Pages/Provider-Advisories.aspx

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