



ADVISORY

No. 256

December 20, 2023

Brand vs Generic (DAW6) Changes to Maryland Medicaid's Preferred Drug List (PDL)

Effective January 1, 2024:

The Office of Pharmacy Services (OPS) wants to alert you that effective January 1, 2024:

- **Brand and generic Lantus Solostar (insulin glargine Solostar) will both be preferred.** Claims for brand Lantus Solostar 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 and generic Lantus (insulin glargine) vial will both be preferred.** Claims for brand Lantus vial 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 and generic Flovent HFA (fluticasone) will both be preferred.** Claims for brand Flovent HFA 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.

If any problems are encountered during the online claim adjudication, contact Conduent 24-hour Help Desk at 800-932-3918 for additional system overrides related to the use of the correct DAW code (for example, if there is other primary insurance).

Please refer to our website for the Preferred Drug List (PDL) and Brand Preferred over Generics List:

<https://health.maryland.gov/mmcp/pap/pages/Preferred-Drug-List.aspx>

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

In an effort to give timely notice to the pharmacy community concerning important pharmacy topics, the Maryland Department of Health (MDH), **Office of Pharmacy Services (OPS)** 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 OPS representative at 410-767-1455.



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
Anticonvulsants	Depakote Sprinkle capsule	divalproex sprinkle capsule
Anticonvulsants	Sabril tablet, Powder Packet ²	vigabatrin tablet, powder packet ²
Anticonvulsants	Trileptal suspension (oral) ³	oxcarbazepine suspension (oral) ³
COPD Agents	Spiriva Handihaler	tiotropium bromide capsule
Glucocorticoids, Inhaled	Symbicort (inhalation)	budesonide/formoterol (inhalation)
Glucocorticoids, Inhaled	Flovent HFA ³	fluticasone propionate ³
Hypoglycemics, Insulins	Lantus Solostar ³	insulin glargine Solostar ³
Hypoglycemics, Insulins	Lantus vial ³	insulin glargine vial ³
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	amphetamine salt combo ER capsule
Stimulants and Related Agents	Concerta	methylphenidate ER capsule
Stimulants and Related Agents	Daytrana	methylphenidate transdermal
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