Generic vs. Brand Status on Maryland's Preferred Drug List

Medicaid's Preferred Drug List, encompassing about 1700 drugs, covers most of the generic versions of preferred multisource brand drugs without any type of prior authorization. If the prescription for a brand name drug is to be dispensed as written, the prescriber must complete and submit a Medwatch form (http://mmcp.dhmh.maryland.gov/pap/docs/Maryland%20Medwatch%20Form.pdf). The State's clinical pharmacy team will review the Medwatch form and notify the prescriber whether the request for the brand name drug was approved or denied. The State will forward the Medwatch form to the FDA.

The Maryland Medicaid Pharmacy Program (MMPP) wants to alert you to changes in the exceptions to this rule.

Effective May 16 2015, brand Abilify® tablets is preferred over its generic equivalent aripiprazole tablets.

Effective May 29, 2015, brand names Tobradex® drops and Toprol XL® are no longer preferred over their generic equivalents. Please refer to our website for a complete list of the PDL at the following link: https://mmcp.dhmh.maryland.gov/pap/SitePages/Preferred%20Drug%20List.aspx

Not All Generics are Preferred

In order for the State to enhance the benefit of the PDL, in some instances the multisource brand name drug is Preferred over its generic equivalent, because the branded drug is less costly than its generic counterpart. This happens most often in cases of newly released generics. When manufacturer rebates are taken into consideration, the brand name drug has a lower net cost to the State. When the brand name drug is Preferred, no Medwatch nor authorization is needed¹. 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 Xerox 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 that is primary). Please maintain this Advisory as a reference in addition to any updates that follow. This information is available at http://www.epocrates.com on your desktop computer or PDA/Smartphone. Epocrates is updated weekly. **The Brand Preferred exceptions are as follows:**

**Preferred Brands**

- Abilify tablets
- Adderall XR
- Alphagan P 0.15%
- Carbatrol ER
- Cardizem LA
- Catapres TTS
- Depakote Sprinkles
- Dexedrine ER
- Diastat
- Differin cream
- Focalin
- Focalin XR
- Gabitril
- Intuniv
- Kadian
- Lidoderm
- Metadate CD
- Methylin Oral Solution
- Parnate
- Pulmicort respules 0.25mg and 0.5mg
- Ritalin LA
- Telegretol suspension
- Trileptal suspension

**Non-Preferred Generics**

- aripiprazole tablets
- amphetamine salt combo ER
- brimonidine 0.15%
- carbamazepine ER
- diltiazem ER tablets
- clonidine patches
- divalproex sprinkles
- dextroamphetamine ER
- diazepam rectal
- adapalene cream
- dexamethasone
- dexamethasone ER
- tiagabine
- guanfacine ER
- morphine sulfate ER
- lidocaine patch
- methylphenidate CD capsules
- methylphenidate oral solution
- oxcarbazepine suspension
- carbamazepine suspension

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1 Unless the Program has established clinical criteria for the drug. Clinical Criteria can be found by going to the below link: