



MARYLAND MEDICAID PHARMACY PROGRAM

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ADVISORY

In an effort to give timely notice to the pharmacy community concerning important pharmacy topics, the Department of Health and Mental Hygiene's (DHMH) Maryland Pharmacy Program (MPP) has developed the Maryland 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 DHMH, please contact the MPP representative at 410-767-1455.

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

Medicaid's Preferred Drug List, encompassing about 1000 drugs, covers most of the generic versions of preferred multisource brand drugs without any type of prior authorization. If the brand name drug is required, the prescriber must complete a MedWatch form (<http://www.dhmh.state.md.us/mma/mpap/medwatch.htm>) and submit it to the State. The State's clinical pharmacy team will review the MedWatch form and will notify the prescriber whether the request for the brand name drug was approved or denied. The State will then forward the MedWatch form to the FDA.

The purpose of this Advisory is to alert you to the current exceptions to this rule (effective April 1, 2010). These exceptions supersede the exceptions that were included in Advisory 74.

<http://www.dhmh.state.md.us/mma/mpap/pdf/2009/Advisory74.pdf>.

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 equivalents, 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 needed. 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 ACS 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 insurance primary).

The generic non-preferred exceptions as of April 1, 2010 are as follows:

Non-Preferred Generics	Status of Equivalent Brands
calcitonin salmon	Miacalcin (Preferred)
calcium acetate	PhosLo (<i>Preferred</i>)
<i>clindamycin-benzoyl peroxide</i>	<i>Benzaclin (Preferred)</i>
<i>cyclosporine</i>	<i>Sandimmune (Preferred)</i>
dorzolomide/timolol	Cosopt (Preferred)
dorzolamide	Trusopt (preferred)
dronabinol	Marinol (Preferred)
finasteride	Proscar(<i>Preferred</i>)
malathion crème rinse	Ovide (Preferred)
sumatriptan	Imitrex (Preferred)
tacrolimus	Prograf (Preferred)
tinidazole	Tindamax (Preferred)
tranylcypromine	Parnate (Preferred)

In the following instances, both the multisource brand and the generic are preferred.

Preferred generics	(Brand also Preferred- no MedWatch form required)
amlodipine/benazapril	Lotrel
cyclosporine modified	Neoral
dexmethylphenidate	Focalin
metoprolol succinate ER	Toprol XL
mycophenylate mofetil	Cellcept

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