



## Medicaid Fee-for-Service Providers Dispense Brand Name Drug when Less Expensive than Generic Program

Effective **5/5/2022**, the following changes will be made to the Dispense Brand Name Drug When Less Expensive Than the Generic Program:

- **Combigan, Diastat, Diastat Acudial, Epipen, Epipen JR, ProAir HFA, Restasis, Tegretol XR, Tobradex suspension and Trileptal suspension**, will be **ADDED** to the program
- **Humalog U100 Kwikpen, Novolog 100U/ml FlexPen, Novolog Mix 70/30 FlexPen and Tecfidera**, will be **REMOVED** from the program.

In conformance with State Education Law, which intends patients receive the lower cost drug alternative, brand name drugs included in this program:

- **Do not require ‘Dispense as Written’ (DAW) or ‘Brand Medically Necessary’ on the prescription.**
- Have a generic copayment.
- Are paid at the Brand Name Drug reimbursement rate or usual and customary price, whichever is lower (SMAC/FUL are not applied).
- Do not require a new prescription if the drug is removed from this program.

### IMPORTANT BILLING INFORMATION

Pursuant to this program, prescription claims submitted to the Medicaid program **do not require** the submission of Dispense as Written/Product Selection Code of ‘1’; **Pharmacies should submit DAW code 9** (Substitution Allowed by Prescriber but Plan Requests Brand). Pharmacies will receive a NCPDP reject response of “22” which means missing/invalid DAW code if other DAW codes are submitted. The only exception to this, is DAW code 1 and “*Brand Medically Necessary*” on the prescription.

### List of Brand Name Drugs included in this program (updated 4/20/2022)

|                         |                                 |                             |
|-------------------------|---------------------------------|-----------------------------|
| Advair Diskus           | Concerta                        | Rapamune solution           |
| Afinitor                | Copaxone 20mg                   | Renagel                     |
| Alphagan P 0.15%        | Depakote Sprinkle               | Renvela tablet              |
| Amitiza                 | <b>Diastat, Diastat Acudial</b> | <b>Restasis</b>             |
| Androgel pump & packets | Entocort EC                     | Retin-A cream               |
| Apriso                  | <b>Epipen, Epipen JR</b>        | Symbicort                   |
| Azopt                   | Exelon Patch                    | Tegretol suspension         |
| Bethkis                 | Firvanq                         | <b>Tegretol XR</b>          |
| Catapres-TTS            | Kitabis Pak                     | <b>Tobradex suspension</b>  |
| Cellcept suspension     | Lialda                          | <b>Trileptal suspension</b> |
| Ciprodex                | Nuvaring                        | Xeloda                      |
| <b>Combigan</b>         | <b>ProAir HFA</b>               | Zovirax cream               |

**Please keep in mind that drugs in this program may be subject to prior authorization requirements of other pharmacy programs, promoting the use of the most cost-effective product and that this list is subject to change.**