



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

Effective **8/11/2022**, the following changes will be made to the Dispense Brand Name Drug When Less Expensive Than the Generic Program:

- **Flovent HFA, Lantus Solostar Pen, Kazano\***, **Lantus vial, Nesina\*** and **Pentasa** will be **ADDED** to the program
- **Afinitor, Androgel pump, Androgel packet\*\***, **Catapres-TTS\*\*\***, **Diastat\*\*\*\***, **Diastat Acudial\*\*\***, **Entocort EC, Renagel, Tobradex suspension, Xeloda**, and **Zovirax** will be **REMOVED** from the program.

\*Added based on 5/12/2022 DURB recommendation \*\*removed 6/29/2022 due to market availability \*\*\*removed 5/25/2022 due to market availability \*\*\*\*removed from program 6/21/2022 due to market availability

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 7/26/2022)

Advair Diskus	Depakote Sprinkle	Nuvaring
Alphagan P 0.15%	Epipen, Epipen JR	<b>Pentasa</b>
Amitiza	Exelon Patch	ProAir HFA
Apriso	Firvanq	Rapamune solution
Azopt	<b>Flovent HFA</b>	Renvela tablet
Bethkis	<b>Kazano</b>	Restasis
Cellcept suspension	Kitabis Pak	Retin-A cream
Ciprodex	<b>Lantus Solostar pen</b>	Symbicort
Combigan	<b>Lantus vial</b>	Tegretol suspension
Concerta	Lialda	Tegretol XR
Copaxone 20mg	<b>Nesina</b>	Trileptal suspension

**Drugs in this program may be subject to prior authorization requirements of other pharmacy programs. This list is subject to change.**