

# IHCP *banner page*

INDIANA HEALTH COVERAGE PROGRAMS BR201340 OCTOBER 8, 2013



## **Submit pharmacy claims with DAW code for preferred multisource brand-name products**

In some circumstances, the Indiana Medicaid Preferred Drug List (PDL) contains brand-name drug products as preferred over corresponding generic equivalent products due to financial advantages available to the Medicaid program from federal and supplemental rebate agreements. For pharmacy providers to receive reimbursement consistent with the preferred brand drug cost, claims must be submitted with a Dispense As Written (DAW) code of "9." The DAW code of "9" is permitted for multisource brand-name drug products that are preferred under the Indiana Health Coverage Programs (IHCP) pharmacy benefit over generic equivalent drugs. Failure to use the DAW code of "9" subjects the claim to generic reimbursement methodology.

*Table 1 – DAW code description and information about utilization*

DAW Code	Description	Relevant information about utilization
9	Other	Appropriate to use when generic substitution is permitted, but the Indiana Medicaid PDL lists the brand-name product as preferred. The list on the following page contains current brand-name drugs that are preferred on the Indiana Medicaid PDL.

Pharmacy providers wishing to know more about DAW code options supported in Indiana's prescription drug program may refer to the National Council for Prescription Drug Programs (NCPDP) D.0 Payer Sheet posted under the [Pharmacy Services quick link](#) at indianamedicaid.com

### Indiana Medicaid preferred brand-name drugs

- Adderall XR<sup>®</sup> (quantity limits apply; duplicate therapy requires PA)
- Astelin<sup>®</sup>
- Benzaclin<sup>®</sup> (age 25 years and younger)
- Camila<sup>®</sup>; Jolivet<sup>®</sup>; Nora-Be<sup>®</sup>; Nor-QD<sup>®</sup>; Ortho-Micronor<sup>®</sup>
- Carafate<sup>®</sup> suspension (PA required)
- Diastat<sup>®</sup> rectal
- Differin<sup>®</sup> (cream/gel) (age 25 years and younger; step therapy required)
- Dovonex<sup>®</sup> solution
- Eliphos<sup>®</sup>
- Imitrex<sup>®</sup> (nasal/stat dose/vials) (quantity limits apply)
- Iopidine<sup>®</sup>
- Kadian<sup>®</sup> (PA required)
- Klaron<sup>®</sup> (age 25 years and younger)
- Lescol<sup>®</sup>
- Loseasonique<sup>®</sup>
- Lovenox<sup>®</sup> (prefilled syringes)
- Natroba<sup>®</sup> (quantity limits apply)
- Optivar<sup>®</sup>
- Pulmicort<sup>®</sup> Respules<sup>®</sup> (age 3 years and younger; quantity limits apply)
- Retin-A<sup>®</sup> (age 25 years and younger)
- Sanctura<sup>®</sup> XR (PA required)
- Suboxone<sup>®</sup> (PA required)
- TriCor<sup>®</sup>
- Tussionex<sup>®</sup> (age 6 years and older; quantity limits apply)
- Zomig ZMT<sup>®</sup> (quantity limits apply)

#### QUESTIONS?

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