



August 13, 2014

Montana Health Care Programs Notice

Pharmacy Providers

Effective Immediately

Multisource Preferred Brand Name Products

The Department has several multisource brand name products listed as preferred agents on the Preferred Drug List. To facilitate this requirement, the Department has updated claims processing for preferred multisource brand name products. To receive proper reimbursement and to avoid erroneous denials, use the valid value of “9” in NCPDP Field 408-D8, Dispense as Written (DAW)/Product Selection Code for all preferred multisource brand name products. DAW 9 prevents the system from requiring the use of a generic product and makes sure that the appropriate dispensing fee and reimbursement is paid.

Some drugs continue to require a clinical prior authorization. In addition, there is one instance where DAW 9 may be used with a preferred generic; for phenytoin 50 mg chewable tablets, DAW 9 is appropriate.

Part of the changes made to accommodate DAW 9 is the addition of a new denial message. This message reads: “Brand is preferred. Submit claim with brand NDC and DAW 9.”

This edit posts when a claim is submitted for a non-preferred generic product, which has a corresponding preferred multisource brand product. Pharmacy providers are required to dispense the preferred product unless the alternative is clinically appropriate.

Below is a list of drugs that are subject to DAW 9. This list will be updated and posted by the Department when changes are made. In addition, the Department will be adding notation in regard to DAW 9 to the posted Preferred Drug List. The Request for Drug Prior Authorization Form is available on the [Forms](#) page of the Montana Medicaid Provider Information website.

Drugs Subject to DAW 9 (The % symbol indicates clinical prior authorization is required.)		
Accolate®	Evista®	Prandin®
Adderall XR® (all strengths)	Focalin®	Prograf®
Benzaclin®	Focalin XR®	Rapamune®
Catapres-TTS®	Gris-Peg®	Tobradex® (ointment and suspension)
Clobex® shampoo	Kadian®	Tricor®
Cymbalta® %	Lovenox®	Trilipix®
Diastat® %	Metadate CD®	Vancocin®
Differin®	Metadate ER®	Vandazole®
Dilantin® Infatab	Metrogel®	Xopenex® solution concentration
Diovan® HCT	Niaspan®	
Entocort® EC	Phenytoin Chewable	

Contact Information

If you have any questions regarding this provider notice, please contact Dave Campana, R.Ph., at 406-444-5951 or dcampana@mt.gov, Katie Hawkins at 406-444-2738 or khawkins@mt.gov, or the Medicaid Drug Prior Authorization Unit at 406-443-6002.

Drug Prior Authorization Unit
Mountain Pacific Quality Health
3404 Cooney Drive
Helena, MT 59602
406-443-6002 or 1-800-395-7961 (Phone)
406-513-1928 or 1-800-294-1350 (Fax)

For claims questions or additional information, contact Provider Relations at 1-800-624-3958 (toll-free, in/out of state) or 406-442-1837 (Helena) or via e-mail at MTPRHelpdesk@xerox.com.

Visit the Provider Information website at <http://medicaidprovider.hhs.mt.gov>.