nh healthy families

POLICY AND PROCEDURE

DEPARTMENT: Pharmacy Operations	**DOCUMENT NAME:** Approval of Brand-Name Override
PAGE: 1 of 3	**REPLACES DOCUMENT:**
APPROVED DATE: 04/07	**RETIRED:**
EFFECTIVE DATE: 04/07	**REVIEWED/REVISED:** 02/08, 02/09, 02/10, 02/11, 02/12, 02/13, 08/14, 08/16, 03/17
PRODUCT TYPE: Medicaid	**REFERENCE NUMBER:** NH.PHAR.02

SCOPE:
Centene Corporate Pharmacy, Health Plan Pharmacy Departments, and Envolve Pharmacy Solutions.

PURPOSE:
The purpose of this policy is to ensure all requests for Brand Medically Necessary (BMN) or Dispense as Written (DAW) prescriptions are evaluated consistently.

POLICY:
The pharmacy benefit mandates use of the generic formulations of multi-source, AB-rated drugs. To obtain coverage for a brand name medication when a generic is available, criteria must be met for brand-name override).

PROCEDURE:

1. The prescriber requests coverage for a specific, multi-source, brand name product by submitting a written or faxed request to the Envolve Pharmacy Solutions Prior Authorization department.
2. A registered clinical pharmacist at Envolve Pharmacy Solutions will review the request and respond to the prescriber within 24 hours during normal Envolve Pharmacy Solutions business hours.
   NOTE: If necessary, Envolve Pharmacy Solutions or NurseWise may enter a temporary override in the claims processing system to allow the patient to obtain the brand-name drug therapy while the request is being reviewed.
3. Coverage will be granted for all requests that are accompanied by recent, objective, measurable information showing that a patient is unable to take the generic version of a product. Detailed criteria and requested information are defined in CP.PMN.22 Brand Name Override.
4. Appeals of denials will be forwarded to the health plan for review and final determination will be made by the health plan pharmacist or Medical Director.

REFERENCES: N/A

POLICY AND PROCEDURE

DEPARTMENT: Pharmacy Operations	**DOCUMENT NAME:** Approval of Brand-Name Override
PAGE: 2 of 3	**REPLACES DOCUMENT:**
APPROVED DATE: 04/07	**RETIRED:**
EFFECTIVE DATE: 04/07	**REVIEWED/REVISED:** 02/08, 02/09, 02/10, 02/11, 02/12, 02/13, 08/14, 08/16, 03/17
PRODUCT TYPE: Medicaid	**REFERENCE NUMBER:** NH.PHAR.02

ATTACHMENTS:
N/A

DEFINITIONS:
AB-rated: The Food and Drug Administration (FDA) defines AB-rated as multisource drug products, with generic availability, where actual or potential bioequivalence problems have been resolved with adequate *in vivo* and/or *in vitro* evidence supporting bioequivalence. Note: If there are no known or suspected bioequivalence problems, these are designated AA, AN, AO, AP, or AT depending on the dosage form.

REVISION LOG

REVISION	DATE
Remove from "Practitioners and Network Pharmacies" from "SCOPE" as those are external parties and are not to be included per template definition of "SCOPE".	05/07
Change Attachment A from "Prior Authorization Guideline" to "Medical Necessity Guideline".	02/08
Revised the SCOPE to include Corporate Centene Pharmacy Department.	02/09
Changed the criteria for brand name approval (Attachment A) to align with appropriate trials based on generic availability and USS P&P requirements.	02/09
Detailed the final reviews in the denial process to align with NCQA standards requiring a medical director review.	02/09
Revisions completed at this time were made to address clerical errors, align with NCQA standards and language, and represent the work processes in place at both the Plan level and at US Script.	02/10
No changes.	02/11
Updated FDA definition of AB-rated drugs.	02/12
Updated CP.PMN.22 Brand Name Override attachment.	02/12
No changes were deemed necessary.	02/13
Removed language regarding existing therapy on branded product as exclusion from policy. These users should also have	02/14

POLICY AND PROCEDURE

DEPARTMENT: Pharmacy Operations	**DOCUMENT NAME:** Approval of Brand-Name Override
PAGE: 3 of 3	**REPLACES DOCUMENT:**
APPROVED DATE: 04/07	**RETIRED:**
EFFECTIVE DATE: 04/07	**REVIEWED/REVISED:** 02/08, 02/09, 02/10, 02/11, 02/12, 02/13, 08/14, 08/16, 03/17
PRODUCT TYPE: Medicaid	**REFERENCE NUMBER:** NH.PHAR.02

trial of generic product unless medically contraindicated.	
Ne changes were deemed necessary.	08/14
Removed Attachment A: CP.PMN.22 Brand Name Override	09/15
Annual review. No Changes	08/16
Changed “US Script” to “Envolve Pharmacy Solutions”	03/17

POLICY AND PROCEDURE APPROVAL

Pharmacy & Therapeutics Committee: Approval on file

V.P., Pharmacy Operations: Approval on file

Sr. V.P., Chief Medical Officer: Approval on file

NOTE: The electronic approval is retained in Compliance 360.