POLICY AND PROCEDURE

DEPARTMENT: Pharmacy Operations	**REFERENCE NUMBER:** NV.PHAR.03
EFFECTIVE DATE: 7/1/17	**POLICY NAME:** Approval of Brand-Name Override
REVIEWED/REVISED: 4/17/18; 01/08/19; 1/13/20	**RETIRED DATE: N/A**
PRODUCT TYPE: Medicaid	**PAGE:** 1 of 2

SCOPE:
SilverSummit Health Plan 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 (see Attachment A: CP.PMN.22 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. The prescriber must write DAW on the prescription. A pre-printed box or signature line is not accepted.
3. A registered clinical pharmacist at Envolve Pharmacy Solutions will review the request and respond to the prescriber within 24 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.
4. 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 Attachment A: CP.PMN.22 Brand Name Override.
5. 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

ATTACHMENTS:
Attachment A: CP.PMN.22 Brand Name Override

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

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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
Q2 2018 Annual Review – No Revisions	04/17/18
Q1 2019 Annual Review – No Revisions	01/08/19
Q1 2020 Annual Review – No Revisions	01/13/20

POLICY AND PROCEDURE APPROVAL

The electronic approval retained in RSA Archer, the Company's P&P management software, is considered equivalent to a signature.