



Brands with Generic Equivalents

WA.PHAR.65 Brands with Generic Equivalents

Effective Date: 4/1/2019

Notes:

- For non-preferred agents in this class/category, patients must have had an inadequate response to at least TWO* preferred agents, have a documented intolerance due to severe adverse reaction or contraindication.
 - *If there is only one preferred agent in the class/category documentation of inadequate response to ONE preferred agent is needed
- If a new-to-market drug falls into an existing class/category, the drug will be considered non-preferred and subject to this class/category prior authorization (PA) criteria

Background:

This is a general pharmacy program policy applicable to brand name products with a generic equivalent available.

Policy:

Criteria	
Initial Authorization	<p>In addition to any drug class or drug specific policy criteria.</p> <p>All criteria must be met in order to approve.</p> <ol style="list-style-type: none"> 1. Trial of two* preferred products, other than the generic equivalent to the requested brand; and 2. Trial of the generic equivalent of the product being requested from 5 manufacturers. If fewer than 5 manufacturers, must try all manufacturers. <p>Documentation should include length of trial and outcome. Exceptions to this policy should be made for unique circumstances supported by clinical judgement and documentation.</p> <p>If no additional criteria, Approve for 6 months.</p>
Reauthorization	<p>In addition to any drug class or drug specific policy criteria. Documentation of positive clinical response to treatment.</p> <p>If no additional criteria, Approve for 12 months.</p>

History

Date	Action and Summary of Changes
03/22/2019	New Policy