Criteria-Based Consultation Prescribing Program CRITERIA FOR DRUG COVERAGE

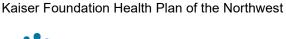
Brand Product with Generic Equivalent Available

<u>Initiation (new start) criteria and criteria for new or current Kaiser Permanente</u>
<u>members already taking brand product</u>: A brand drug^a for which a generic equivalent is available will be covered on the prescription drug benefit for <u>12 months or less, if new therapeutic equivalents or generic alternatives become available</u>, when the following criteria are met:

- An authorized generic^b is <u>not</u> available. **-AND-**
- The member has a documented allergic reaction to an inactive ingredient in the generic product (e.g., dye) not present in the brand name product. **-AND-**
- Other generic equivalents to the brand are not available without the inactive ingredient -AND-
- The member has tried and failed at least one therapeutic alternative without the inactive ingredient (if available).

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All plans offered and underwritten by



^a The above criteria are not applied to contraceptives.

^b Authorized generic = pharmaceutical product that is approved as a brand name drug and manufactured to brand specifications (same active and inactive ingredients) but marketed as generic.