

Criteria Based Consultation Prescribing Program

CRITERIA FOR DRUG COVERAGE

Brand Product with Generic Equivalent Available

A **brand drug**^a for which a generic equivalent is available will be covered on the prescription drug benefit when the following criteria are met:

1. An authorized generic^b is not available.

– AND –

2. 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).

^a The above criteria may not apply 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