POLICY AND PROCEDURE

DEPARTMENT: Medical Management/Pharmacy	**DOCUMENT NAME:** Approval of Brand Name Override
PAGE: 1 of 3	**REPLACES DOCUMENT:**
APPROVED DATE: 4/07	**REVIEWED/REVISED:** 1/2018, 3/2018
EFFECTIVE DATE: 4/07	**REFERENCE NUMBER:** GA.PHAR.09

SCOPE:
Peach State Health Plan Medical Management/Pharmacy Department, and Envolve Pharmacy Solutions, Inc.

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

POLICY:
The Peach State Health Plan pharmacy benefit provides coverage for the generic version of multi-source, AB-rated drugs when a legally substitutable generic product is available.

To obtain coverage for a brand 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 Envolve Pharmacy Solutions Prior Authorization department.
2. A registered clinical pharmacist at Envolve Pharmacy Solutions will review the request and send a written response to the Prescriber within 24 hours during normal Envolve Pharmacy Solutions business hours.
   NOTE: If necessary, a temporary override may be entered 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. The detailed criteria and information requested are defined in Attachment A: CP.PMN.22 Brand Name Override.
4. Appeals of denials will be forwarded to Peach State Health Plan for review and a final determination will be made by the Peach State Health Plan Medical Director.

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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 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
Annual review. Updated attachment from "Prior Authorization Guideline: Brand Name Override" to "CP.PMN.22 Brand Name Override".	05/2011
Updated FDA definition of AB-rated drugs.	03/2012
Updated CP.PMN.22 Brand Name Override attachment	03/2012
Annual review. No changes made.	03/2013
Annual review. No changes made.	03/2014
Removed language regarding existing therapy on branded product as exclusion from policy. These users should also have trial of generic product unless medically contraindicated.	03/2015
Annual review. No changes made.	03/2016
Annual Review. Replaced US Script with Envolve Pharmacy Solutions	01/2017
Removed NurseWise from procedure,	01/2018
Annual review. No changes made.	03/2018

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POLICY AND PROCEDURE APPROVAL

Pharmacy & Therapeutics Committee:	Approval on file
Sr. Director, Pharmacy Operations:	Approval on file
Sr. Medical Director:	Approval on file

NOTE: The electronic approval is retained in Compliance 360.