

Market Applicability/Effective Date														
Market	FL & FHK	FL MMA	FL LTC	GA	KS	KY	LA	MD	NJ	NV	NY	TN	TX	WA
Applicable	X	N/A	N/A	X	N/A	X	X	X	X	X	X	N/A	N/A	X

*FHK- Florida Healthy Kids

Multisource Brand (MSB) Agents

Override(s)	Approval Duration
Prior Authorization	1 year

Medications	Quantity Limit
Multisource Brand (MSB) Agents	N/A

*Washington Medicaid, New York Medicaid, Nevada Medicaid, Florida Medicaid, Kansas Medicaid, Kentucky Medicaid, Texas Medicaid and Indiana Medicaid – see State Specific Mandates.

APPROVAL CRITERIA

Requests for a Multisource Brand (MSB) agent may be approved if the following criteria are met:

- I. The individual has failed an adequate trial of one chemically equivalent generic agent; **AND**
 - A. Generics have inadequate response; **OR**
 - B. Generics caused adverse outcome;
- OR**
- II. The individual has a genuine allergic reaction to an inactive ingredient in generic agent(s). Allergic reaction(s) must be clearly documented in the patient's medical record.

Note:

GI upset or irritation is not generally considered an allergy or failed treatment. Patients should be referred to their physician or pharmacist for advice on dose adjustment, and/or other options to reduce GI upset/irritation. Common documented side effects attributed to the drug (i.e. headache, nausea, blurred vision, fatigue, muscle aches) are not considered an allergy and would be expected to occur at the same level in both the generic and brand agent.

State Specific Mandates		
State name	Date effective	Mandate details (including specific bill if applicable)
Washington		Request for non-preferred or brand Atypical Antipsychotic please use Policy A46 - Washington Generics First for Antipsychotics
New York		Certain multisource brand (MSB) drugs are exempt from mandatory generic formulary rule, in order to comply with the New York State Medicaid Program. Most of these drugs are known as narrow therapeutic index drugs. Prior authorization is not required for the MSB drugs listed below: <ul style="list-style-type: none"> • Clozaril

This policy does not apply to health plans or member categories that do not have pharmacy benefits, nor does it apply to Medicare. Note that market specific restrictions or transition-of-care benefit limitations may apply.

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		<ul style="list-style-type: none"> • Coumadin • Dilantin • Gengraf • Lanoxin • Levoxyl, Synthroid and Unithroid • Neoral • Sandimmune • Tegretol • Zarontin <p>*DAW must be written on prescription</p>
Nevada		RFP 1509 § 2.1.7 includes specific requirements with which a prescriber must comply to certify that a specific brand of medication is medically Necessary for a particular patient. The physician is first expected to document in the patient's medical record the need for the brand-name product in place of the generic form. The requirements for the certification are: (1) the certification must be in the physician's own handwriting; (2) the certification must be written directly on the prescription blank; and (3) a phrase such as "brand medically necessary," "dispense as written," or other terminology indicating the need for a specific brand is required.
Florida		<p>The health plan shall cover the cost of a brand-name drug if the prescriber: (1) writes in his or her own handwriting on the valid prescription that the "Brand Name is Medically Necessary" (pursuant to s. 465.025, F.S.)</p> <p>Florida Medicaid requires the coverage of the following multisource brand (MSB) drugs (generic names listed, applies to all brand name agents associated with generic name):</p> <ol style="list-style-type: none"> 1. Digitoxin 2. Conjugated Estrogen 3. Dicumarol 4. Chlorpromazine (solid oral dosage forms) 5. Theophylline (controlled release) 6. Pancrelipase (oral dosage forms)
Kansas		Multisource brand drugs are covered and are reimbursed at the generic rate. To obtain reimbursement at the brand rate, the prescriber must obtain a prior authorization for the brand medication and demonstrate the medical necessity
Kentucky		The following have been determined by the board to be non-interchangeable unless the United States Food and Drug Administration considers them therapeutically equivalent as

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		<p>published in the "Approved Drug Products with Therapeutic Equivalence Evaluations":</p> <ol style="list-style-type: none"> 1. Digitalis glycosides; 2. Antiepileptic drugs; 3. Antiarrhythmic agents; 4. Conjugated estrogens; 5. Esterified estrogens; 6. Warfarin anticoagulants; 7. Theophylline products; and 8. Thyroid preparations.
Texas		<p>For Texas, not all multisource brand (MSB) drugs require prior authorization. Many MSB drugs are preferred PDL agents over their corresponding Orange Book generic equivalent. In such cases, a prior authorization for "brand medically necessary" will not be required and the provider will be reimbursed at the brand name reimbursement (i.e. the MAC, FUL will not apply). The brand name drug will be assigned generic copay where applicable. A MedWatch form is not required for approval.</p>
Indiana		<p>Certain multisource brand (MSB) drugs are exempt from mandatory generic formulary rule, in order to comply with the Indiana Medicaid Program. Prior authorization is not required for the MSB drugs listed below:</p> <ul style="list-style-type: none"> • Synthroid • Coumadin • Lanoxin <p>*DAW must be written on prescription</p>

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