Brand Name Medications

Policy: PHARM-HU-013

Origination Date: 01/01/2022

Reviewed/Revised Date: 03/27/2024

Next Review Date: 03/27/2025

Current Effective Date: 04/01/2024

Disclaimer:

1. Policies are subject to change in accordance with Federal and State notice requirements.
2. Policies outline coverage determinations Health Choice Utah (Medicaid). Refer to the "Policy" and "Lines of Business" section for more information.
3. Services requiring prior-authorization may not be covered, if the prior-authorization is not obtained.
4. This Pharmacy Policy does not guarantee coverage or payment of the service. The service must be a benefit in the member's plan and the member must be eligible for coverage at the time of service. Additional payment guidelines may be applied that are not included in this policy.

Purpose

To define the conditions under which Brand Name Mediations may be covered.

Definitions

1. Adequate trial is defined in terms of dose and duration. An adequate trial would mean the dose of the drug is the maximum tolerated dose and the duration is sufficient to determine if a response should have been seen by that point, or in general, a trial of at least 3 months.

Policy/Coverage

1. **Prior Authorization Criteria**
    A. Brand name medications for which a generic equivalent is available may be considered medically necessary if the following criteria are met:
        i. Documentation must show an adequate trial and failure of the generic equivalent.
        ii. If two or more manufactures are available, at least two generic options must be tried
    B. When a new generic becomes available, but the associated brand-name policy has not yet been updated, the health plan reserves the right to immediately begin preferring the generic product.
    C. Brand name medications for which a generic equivalent is not available, but other generics within the same therapeutic class are available and are

considered therapeutically equivalent may be considered medically necessary if the following criteria are met:

i. Documentation must show an adequate trial and failure of at least 2 other generics within the same class.

D. The requesting provider must submit a letter of medical necessity stating why the brand name medication is required.

2. Dosage

A. Dosing must be in accordance with US Food and Drug Administration (FDA) approved package insert.

i. The professional provider must supply supporting documentation (i.e., published peer-reviewed literature) in order to request coverage for any dose outside of the Food and Drug (FDA) package insert listed in this policy. For a list of Health Plan-recognized pharmacology compendia, view our policy on off-label coverage for prescription drugs and biologics.

3. Exclusions/Contraindications

A. The prior use of samples will not be considered in the determination of a member's eligibility for coverage for this medication.

Lines of Business

1. University of Utah Health Plans

A. Healthy U

B. Healthy U Integrated

Date	Review, Revisions, Approvals
01/01/2022	Healthy U policy created. Separated out from PHARM-013
07/01/2022	Completed annual review of policy.
07/22/2022	Policy reviewed and approved by the P&T Committee via e-vote. Policy effective 08.01.2022
03/13/2024	Completed annual review of policy.
03/27/2024	Policy reviewed and approved by the P&T Committee. Policy effective 04.01.2024