

## POLICY AND PROCEDURE

<b>DEPARTMENT:</b> Pharmacy Operations	<b>REFERENCE NUMBER:</b> NV.PHAR.03
<b>EFFECTIVE DATE:</b> 7/1/17	<b>P&amp;P NAME:</b> Approval of Brand-Name Override
<b>REVIEWED/REVISED DATE:</b> 04/17/18; 01/08/19; 01/13/20; 02/03/21; 02/02/22; 10/11/22, 01/31/23, 12/13/23	<b>RETIRED DATE:</b> N/A
<b>BUSINESS UNIT:</b> SilverSummit Healthplan	<b>PRODUCT TYPE:</b> Medicaid
<b>REGULATOR MOST RECENT APPROVAL DATE(S):</b> NV:	

### SCOPE:

This policy applies to all directors, officers, and employees of Centene Corporation, its affiliates, health plans, and subsidiary companies (collectively, the "Company").

### PURPOSE:

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

### 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.

### POLICY:

The pharmacy benefit mandates use of the generic formulations of multi-source, AB-rated drugs. To obtain coverage for a brand name 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 the Centene Pharmacy Services Prior Authorization department.
2. The prescriber must write "Dispensed As Written" on the prescription. A pre-printed box or signature line is not accepted.
3. Terms such as "brand only," "no substitution," or "dispense brand" will no longer be effective.
4. A registered clinical pharmacist at Centene Pharmacy Services will review the request and respond to the prescriber within 24 hours. NOTE: If necessary, Centene Pharmacy Services or NurseWise may enter a temporary override in the claims processing system to allow the patient to obtain the brand-name drug therapy while the request is being reviewed.
5. 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. Detailed criteria and requested information are defined in Attachment A: CP.PMN.22 Brand Name Override.
6. Appeals of denials will be forwarded to the health plan for review and final determination will be made by the health plan pharmacist or Medical Director.

<b>REFERENCES:</b> N/A
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<b>ATTACHMENTS:</b> CP.PMN.22 Brand Name Override
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### SUPPORT/HELP:

Resources available to support users of the P&P. Phone numbers, training programs, classes, and/or offices available to help with carrying out the procedure/work process.

### EXAMPLE:

If you need help with:	Contact:
Questions about this policy	<a href="mailto:NVSS_Pharmacy@SilverSummitHealthPlan.com">NVSS_Pharmacy@SilverSummitHealthPlan.com</a>

Questions about brand name PA request	Centene Pharmacy Services PA department 1-866-399-0928
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**REGULATORY REPORTING REQUIREMENTS:**  
DHCFP

**REVISION LOG**

<b>REVISION TYPE</b>	<b>REVISION SUMMARY</b>	<b>DATE APPROVED &amp; PUBLISHED</b>
Q2 2018 Annual Review	No Revisions	04/17/18
Q1 2019 Annual Review	No Revisions	01/08/19
Q1 2020 Annual Review	No Revisions	01/13/20
Q1 2021 Annual Review	No Revisions	02/03/21
Q1 2022 Annual Review	No Revisions	01/11/22
2022 Annual Review	Changed references of “Envolve Pharmacy Solutions” to “Centene Pharmacy Services”.	10/11/22
Q1 2023 Annual Review	Changed “DAW” to “Dispensed As Written” in Procedure section to comply with Nevada Board of Pharmacy regulations  Added “Terms such as “brand only,” “no substitution,” or “dispense brand” will no longer be effective” in Procedure section to comply with Nevada Board of Pharmacy regulations	01/31/23
2023 Updated Annual Review	Annual Review moved to December 2023; Approved by SSHP QIC; Updated PA department phone number to 866-399-0928	12/13/23

**POLICY AND PROCEDURE APPROVAL**

The electronic approval retained in RSA Archer, the Company’s P&P management software, is considered equivalent to a signature.