

Criteria-Based Consultation Prescribing Program CRITERIA FOR DRUG COVERAGE

Brand Product with Generic Equivalent Available

Initiation (new start) criteria and criteria for new or current Kaiser Permanente members already taking brand product: A brand drug^a for which a generic equivalent is available will be covered on the prescription drug benefit for 12 months or less, if new therapeutic equivalents or generic alternatives become available, when the following criteria are met:

- An authorized generic^b is not available. **-AND-**
- 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 are not applied 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.