Health Alliance™

Policy & Procedure

Policy Name:	Mandatory Generic Override Review	Policy #:	542P

Purpose of the Policy

The purpose of this policy is to establish guidelines to evaluate the appropriateness for removal of the Dispense as Written (DAW) penalty.

Statement of the Policy

A DAW penalty is assessed on brand name products when an AB-rated (see Orange Book) equivalent generic product is available. The below procedures outline the criteria that would need to be met to have the DAW penalty removed.

Health Alliance Drug and Procedural Policies are developed and reviewed annually in compliance with the Mental Health Parity and Addiction Equity Act (MHPAEA) of 2008. MHPAEA requires group health plans and health insurance issuers to ensure that financial requirements (such as copays, deductibles) and treatment limitations (prior authorization, step therapy) applicable to mental health or substance use disorder (MH/SUD) benefits are no more restrictive than the predominant requirements or limitations applied to substantially all medical/surgical benefits.

Procedures

1. Criteria to Remove DAW Penalty

1.1 Approval for brand-name medication in place of equivalent generic is only given if member has documented allergic reaction to the generic drug (including a copy of the submitted FDA MedWatch form OR in absence of the FDA MedWatch form, provider may submit chart notes detailing allergic reaction symptoms and severity)

- Reactions can include, but are not limited to rash, shortness of breath, shock
- Known adverse reactions listed in the package insert of the medication will not be considered an allergic reaction

1.2 If the criteria are met, an authorization is placed in the Pharmacy Benefit Management (PBM) system for a period of one year

- Note for **Illinois fully-insured plans**: If an individual's attending provider recommends a particular contraceptive service or item approved by the US FDA based on a determination of medical necessity with respect to that individual, the plan or issuer must cover that service or item without cost sharing. The plan or issuer must defer to the determination of the attending provider.

Created Date: 07/01/96
Effective Date: 07/01/96
Posted to Website: 01/01/22
Revision Date: 01/01/24

DISCLAIMER

This Medical Policy has been developed as a guide for determining medical necessity. The process of medical necessity review also entails review of the most recent literature and physician review. Medical Policy is not intended to dictate to providers how to practice medicine. Providers are expected to exercise their medical judgment in providing the most appropriate care. Health Alliance encourages input from providers when developing and implementing medical policies. Benefit determinations are based on applicable contract language in the member's Policy/ Subscription Certificate/ Summary Plan Description. This Medical Policy does not guarantee coverage. There may be a delay between the revision of this policy and the posting on the web. Please contact the Health Alliance Customer Service Department at 1-800-851-3379 for verification of coverage.