

ALASKA MEDICAID

Brand Name Multi-Source Medications

CRITERIA FOR APPROVAL

Claims for Brand Name Multi-Source Medications with “A” rated generic equivalent¹ products must satisfy the following criteria to be eligible for coverage:

1. The recipient has tried the generic version of the brand name multi-source medication at the same dose and interval requested from at least two (2) different manufacturers and experienced a documented adverse drug reaction or therapeutic failure with each product; **AND**
2. Documentation of each adverse drug reaction or treatment failure **INCLUDING** a copy of the completed Food and Drug Administration MedWatch form must be submitted with a letter of medical necessity from the prescriber detailing the need for the brand name version of the multi-source medication.

EXCLUDED MEDICATIONS

The following medications are excluded from the criteria above:

1. Digoxin
2. Levothyroxine
3. Phenytoin
4. Warfarin

REFERENCES / FOOTNOTES:

¹ Approved Drug Products with Therapeutic Equivalence Evaluations (Orange Book). Available at <<http://www.accessdata.fda.gov/scripts/cder/ob/default.cfm>>.