



Fiscal Edit Criteria

Drug/Drug Class: **Brand over Generic**
Date: **January 23, 2019**
Prepared for: **MO HealthNet**
Prepared by: **Conduent Heritage, LLC**

New Criteria

Revision of Existing Criteria

Executive Summary

Purpose: The MO HealthNet Pharmacy Program will implement a fiscal edit.

Why was this Issue Selected:

In certain situations, it is fiscally advantageous for MO HealthNet to approve a brand name medication versus its generic equivalent.

Setting & Population:

All patients

Type of Criteria:

Increased risk of ADE

Non-Preferred Agent

Appropriate Indications

Data Sources:

Only administrative databases

Databases + Prescriber-supplied

Setting & Population

- Drug/drug class for review: All drugs
- Age range: All patients

Approval Criteria

- Approved brand name medication (See Appendix A)

Denial Criteria

- Absence of approval criteria

Required Documentation

Laboratory results:
 MedWatch form:

Progress notes:

Disposition of Edit

- Denial:** Exception Code “683” (Fiscal Edit)

Appendix A

GCNs used to identify claim for brand vs generic

GCN	BRAND NAME	GENERIC NAME
26587	ADCIRCA 20 MG TABLET	TADALAFIL
17459	ADDERALL XR 5 MG CAP	D-AMPHETAMINE SALT COMBO ER
14635	ADDERALL XR 10 MG CAP	D-AMPHETAMINE SALT COMBO ER
17468	ADDERALL XR 15 MG CAP	D-AMPHETAMINE SALT COMBO ER
14636	ADDERALL XR 20 MG CAP	D-AMPHETAMINE SALT COMBO ER
17469	ADDERALL XR 25 MG CAP	D-AMPHETAMINE SALT COMBO ER
14637	ADDERALL XR 30 MG CAP	D-AMPHETAMINE SALT COMBO ER
53290	ALBENZA 200 MG TABLET	ALBENDAZOLE
24733	FOCALIN XR 5 MG CAP	DEXMETHYLPHENIDATE
24734	FOCALIN XR 10 MG CAP	DEXMETHYLPHENIDATE
97111	FOCALIN XR 15 MG CAP	DEXMETHYLPHENIDATE
24735	FOCALIN XR 20 MG CAP	DEXMETHYLPHENIDATE
30305	FOCALIN XR 25 MG CAP	DEXMETHYLPHENIDATE
28035	FOCALIN XR 30 MG CAP	DEXMETHYLPHENIDATE
30306	FOCALIN XR 35 MG CAP	DEXMETHYLPHENIDATE
28933	FOCALIN XR 40 MG CAP	DEXMETHYLPHENIDATE
41729	EPCLUSA 400 MG-100 MG TABLET	SOFOSBUVIR - VELPATASVIR
37179	HARVONI 90 MG-400 MG TABLET	LEDIPASVIR - SOFOSBUVIR
40784	MAKENA 250 MG/ML VIAL	HYDROXYPROGESTERONE CAPROATE
22685	METHYLIN 5MG/5ML SOLUTION	METHYLPHENIDATE
22686	METHYLIN 10MG/5ML SOLUTION	METHYLPHENIDATE
53550	MUCINEX DM ER	GUAIFENESIN – DEXTROMETHORPHAN
93677	MUCINEX DM MAX ER	GUAIFENESIN - DEXTROMETHORPHAN
28224	NORVIR 100 MG TABLET	RITONAVIR
28273	REVATIO 10MG/12.5ML VIAL	SILDENAFIL
21497	SENSIPAR 30 MG TABLET	CINACALCET
21498	SENSIPAR 60 MG TABLET	CINACALCET
21499	SENSIPAR 90 MG TABLET	CINACALCET

GCN	BRAND NAME	GENERIC NAME
28958	SUBOXONE 2 MG – 0.5 MG SL FILM	BUPRENORPHINE – NALOXONE
28959	SUBOXONE 8 MG – 2 MG SL FILM	BUPRENORPHINE – NALOXONE
33741	SUBOXONE 4 MG – 1 MG SL FILM	BUPRENORPHINE – NALOXONE
33744	SUBOXONE 12 MG – 3 MG SL FILM	BUPRENORPHINE – NALOXONE