



Criteria for the Evaluation of Brand Name Drug Coverage due to Medical Necessity and/or Demonstrated Lack of Efficacy of Generic Drugs (Group Number 1100)

One, or more, of these criteria must be met prior to the approval of brand name drug coverage for Neighborhood members in RIte Care Group Number 1100:

- Patient has experienced an inadequate therapeutic response following a trial within the last six (6) months with multiple different, if available, generic agents. Trial requires appropriate dose of generic agent (up to maximum recommended dose) and minimum duration of therapy, **AND/OR**,
- Patient has experienced a documented side effect and/or intolerance to a trial with multiple different, if available, generic agents. Documentation of side effect and/or intolerance to generic agents must be noted in the patient's medical record. Trial requires appropriate dose of generic agent (up to maximum recommended dose) and minimum duration of therapy, **AND/OR**,
- Use of all generic alternatives to a specific brand name drug is contraindicated in patient, **AND/OR**,
- No generic or Formulary agent is FDA approved for the treatment of the specific disease or condition being treated.

A completed Neighborhood Drug Benefit Exception form must be submitted to Neighborhood by the Prescribing Provider. To obtain the appropriate form, please visit our website at www.nhpri.org.