

## Generic Drugs First Pharmacy Benefit *fact sheet*

### Background

In order to maximize State Medicaid dollars, additional Medicaid populations will have a *Generic Drugs First Pharmacy Benefit*. The State implemented a *Generic Drugs First Pharmacy Benefit* for most RIte Care members in 2009. This resulted in cost savings and improved generic drug utilization (86% generic dispensing rate).

### Generic Drugs First/ Allowed Brand Names

**Effective October 1, 2010, the pharmacy benefit for all RIte Care and Rhody Health members will cover generic drugs first.** Exceptions may be made for some therapeutic classes of drugs and a limited number of brand name drugs within certain therapeutic classes. See the allowed list in Table 1 below.

State regulations allow for brand name drugs in the following therapeutic classes/single agents. See your RIte Care or Rhody Health Partners patient's Health Plan formulary for a listing of specific medications.

<b>Table 1- Allowed Brand Name Therapeutic Classes /Single Agents</b>	
Antidementia Agents	Immunosuppressants (Prograf, Cellcept, Rapamune)
Anti-Parasitics/Antihelminthics	Inhaled Corticosteroids (including combo products)
Anti-TNF Agents (Humira and Enbrel only)	Insulins (ALL)
Antivirals (HIV/AIDs only)	Insulin Syringes (ALL)
Atypical Antipsychotics	Leukotriene Modulators
Beta-Agonist Inhalers (including combo products)	Low Molecular Weight Heparins
Contraceptives (oral, transdermal, injectable, intravaginal)	Mesalamine Related Products (Asacol, Pentasa, Dipentum, Lialda only)
Dapsone	Multiple Sclerosis Agents
Diastat	Ophthalmic Prostaglandins
Dilantin Only	Oral Antineoplastic Agents (ALL)
Epi Pen	Pancreatic Enzymes
Erythropoietin Products	Plan B (Rx and OTC)
Estrogen Replacement (Premarin, Prempro, Premphase only)	Platelet Aggregation Agents
GCSF Agents (Neulasta, Neupogen, Leukine)	Pulmozyme
Glucagon	Relenza
Glucometers, lancets, test strips, misc. supplies	Substance Abuse (Campral, Antabuse, Suboxone, Subutex)
Growth Hormones (ALL)	Tamiflu
Hepatitis B Agents (all routes)	Tracleer, Revatio, Ventavis only
Hepatitis C Agents (all routes)	Twinject
	Vfend

### Please Note:

Only brand name drugs (and supplies) on Table 1 will be covered in accordance with the health plans' preferred drug lists (PDL) and prior authorization processes. Brand name drugs not on Table 1 will require prior authorization.

On a case-by-case basis, additional brand name drugs may be available based on medical necessity and demonstrated lack of efficacy according to the health plans' prior authorization processes.

**Who will be affected?**

- All Adults and Children enrolled in the RItE Care and Rhody Health Partners Programs.

**How many people will be affected statewide?**

- There are approximately 8,900 children with special health care needs in RItE Care and 12,000 individuals with disabilities or chronic health conditions in Rhody Health Partners.

**Does this *Generic Drugs First Pharmacy Benefit* apply to outpatient pharmacies only?**

Yes. It does not apply to prescription drugs dispensed in locations other than an outpatient pharmacy, e.g., inpatient facilities, hospital pharmacies, etc.

**What efforts has the State made to assure a comprehensive formulary for Rhode Islanders on Medicaid?**

The State has a Medicaid Managed Care Pharmacy Committee that actively reviews pharmacy issues. The State has moved certain brand name drugs to the exempt list (see Table 1 on reverse side) to enable improved patient care. In addition, as new generics come on to the market, the health plans' formularies will be expanded.

**For More Information**

Please check the Health Plan's website or call Customer Service for more information.

Neighborhood Health Plan of RI	(800) 459-6019	<a href="http://www.nhpri.org">www.nhpri.org</a>
UnitedHealthcare of New England	(800) 587-5187	<a href="http://www.uhcmedicaid.com">www.uhcmedicaid.com</a>