Preferred Drug List Generic (multi-source) Policy

In cases where generic (multi-source) drugs are designated as non-preferred and the generic market trends result in a less-expensive alternative (in terms of cost net of rebates) to the Brand name preferred products(s), the P&T committee has agreed that the Director of the Department of Medical Assistance Services (DMAS) may change the status of the non-preferred generic product to preferred. This does not apply to brand name drugs designated as non-preferred. The Department of Medical Assistance Services may also do this in cases where market conditions limit dosage form availability to one product.

These changes will be updated on the DMAS and Magellan Medicaid Administration website and the ePocrates download. They will also be communicated in the next regularly scheduled Medicaid memo release. If there are significant changes in the status of products from non-preferred to preferred a special meeting of the P&T committee will be called and a subsequent Medicaid memo will be distributed.

The following process outlines the steps:

Step-1: Generic (multi-source) drugs identified as non-preferred undergo price reductions due to increased market competition (multiple manufacturers) or market conditions limit dosage form availability to one product. DMAS will monitor the market for these changes.

Step-2: DMAS will contact Magellan Medicaid Administration to ensure no contract or other PBM issues conflict with the status changes.

Step-3: DMAS will develop the recommendation(s) for the Director of DMAS.

Step-4: The P&T Committee members are notified of the recommended changes identified.

Step-5: The Director of the Department of Medical Assistance Services after thorough review of product(s) and cost information decides whether to change the product(s) from non-preferred to preferred or whether a special P&T Committee meeting is warranted.

Step-6: DMAS will update their website along with, Magellan Medicaid Administration website and the ePocrates PDA download to reflect the change(s) in preferred drug status. These changes will also be communicated in the next regularly scheduled Medicaid memo release.