

Best Practices for Improving & Maintaining High Generic Dispensing Rates

- 1. Do not provide sample medications to MDwise members.** Samples are provided by pharmaceutical manufacturers that have brand, single-source, drug products they want to promote. The practice of starting MDwise members on samples is discouraged for the following reasons:
 - a. Drug products provided in sample packaging are almost always brand, single-source, drug products that are more costly than preferred, generic alternatives. Members that start treatment with samples will want to continue the same course of therapy, reducing the opportunity for cost-effective generic treatments in subsequent refills.
 - b. Sample supplies of medications that are handed to members are not incorporated into the member's electronic medical record, maintained by MDwise. When members are given sample medications, the drug therapy bypasses the claims processing that typically occurs at the pharmacy, therefore, leaving the health plan and the pharmacy network blind to the drug therapy.
 - c. Since dispensing samples bypasses the claims processing of the drug therapy through the pharmacy network, the sample drug therapy is not screened by the claims processing system against other prescription drug therapies the member may be prescribed. This leaves the member at higher risk for potential adverse drug reactions.
 - d. Drug products that are dispensed as samples may not be *preferred* on the State's Preferred Drug List (PDL). When the member completes the sample course of therapy and requests a refill, the prescription that is written to continue the drug therapy may be rejected by the State's pharmacy claims processor, interrupting the drug therapy and requiring the prescribing office to request a prior authorization.
- 2. Utilize the *Preferred* drugs on the State's PDL when selecting a drug therapy.** The State of Indiana maintains a comprehensive list of drug agents that are routinely reviewed by the Indiana Medicaid Therapeutics Committee and Drug Utilization Review (DUR) Board. The governor appoints the members of the Committee and the Board, which consist of Indiana physician and pharmacy providers. The DUR Board also includes a health economist, a therapeutic pharmacologist, and a representative of a Health Maintenance Organization (HMO) having a pharmacy benefit. The review process of the Committee includes a comprehensive assessment of the clinical effectiveness and safety of drug agents within classes that are under review, as well as the fiscal considerations associated with the State's supplemental rebate program. After review by the Therapeutics Committee, recommendations for status of agents within therapeutic classes are submitted to the DUR Board for final approval.
- 3. Prescribe with the mindset that the member will eventually leave the Medicaid program.** Turnover of Medicaid members is normal in the Medicaid program. Considering the value that generic medications offer when prescribing drug therapy, improves the chance that members will be able to afford and continue their drug therapies after leaving the Medicaid program. Generic drug therapy programs are offered by many retail pharmacies at \$5 and \$10 per prescription.
- 4. Almost every health plan promotes generic drug therapies.** Generic drugs reside on the preferred drug lists and formularies, often without restrictions, of almost every health plan. Prescribers maximizing generic products in their prescribing behaviors will experience fewer interruptions due to pharmacy denials and processing PA requests.
- 5. The Indiana Medicaid program mandates the substitution of generic products.** With a few exceptions noted on the State's PDL, most generic drug products are *preferred* on the PDL and are readily available to Medicaid members. And while members may prefer a brand drug product over a generic drug product, prescribers are under no obligation to prescribe the brand name drug product if medical necessity for the brand drug product cannot be established.