

**Brand-Name Multi-Source Drugs**  
**Prior Authorization Criteria**

Mississippi Law requires that the Medicaid provider shall not prescribe, the Medicaid pharmacy shall not bill, and the Division of Medicaid shall not reimburse for a brand name drug if an equally effective generic equivalent is available and the generic equivalent is the least expensive.

Effective February 10, 2003, prior authorization is required for any brand-name multiple source drug that has an FDA AB rated generic equivalent except NTI drugs.

The following medications are identified as NTI drugs:

- Dilantin<sup>®</sup>
- Lanoxin<sup>®</sup>
- Tegretol<sup>®</sup>
- Coumadin<sup>®</sup>
- Synthroid<sup>®</sup>

Prior Authorization for a brand-name multi-source drug must include:

- The drug requested, the dosage form, strength and directions for use
- Previous trials of generic medications including the length of therapy and the observed allergic reaction or adverse event
- A copy of the MedWatch report filed with the FDA by the provider

Duration of prior authorization may be granted for up to one year.