

# Brand Less Than Generic Frequently Asked Questions

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## 1. What is BLTG?

The Brand Less Than Generic Program, or BLTG, is a cost containment initiative that promotes the use of certain multi-source brand name drugs when the cost of the brand name drug is less expensive than the generic equivalent.

## 2. What drugs are included in the BLTG program?

For the current list of drugs include in the BTLG program, visit [Brand Less Than Generic Program Updates](#).

## 3. Do generic drugs in this program require prior authorization?

Yes, the generic alternative of drugs included in BLTG would require prior authorization.

## 4. How often does the BLTG drug list change?

BLTG changes occur three to four times per year based on market monitoring. Notification of BLTG changes occurs two weeks prior to the change. To be notified of these changes, please send a request to the E&O mailbox at [NYRxEO@magellanhealth.com](mailto:NYRxEO@magellanhealth.com).

## 5. How does BLTG comply with NYS (New York State) Education Law for substitution?

State law requires the most cost-effective option to be provided to the patient. Drugs included in the BLTG program are less expensive to the state after rebates and are being dispensed at a generic copay rate to the member.

## 6. How can a Brand product be less expensive than the generic?

In order to be covered by state Medicaid programs, a manufacturer must participate in the Federal drug rebate program. Additionally, manufacturers may participate in other rebate programs with the state which lower the cost of the brand name product compared to the generic.

## 7. How are drugs in BLTG reimbursed?

Drugs included in BLTG are paid at the Brand Name Drug reimbursement rate or usual and customary price, whichever is lower (SMAC/FUL are not applied).

8. If I prescribe a lot of generic medications that are in your BLTG program, how should I handle this? Should I send in a new prescription for the Brand?

No action is needed by the prescriber. The pharmacy will receive a notification upon claim submission to dispense the brand equivalent, utilizing DAW Code 9. The prescriber does not need to send a new prescription.

9. I am a provider that prescribes a lot of Alogliptin and receives electronic refill requests from pharmacies, I noticed Nesina is in your BLTG program. Should I respond to my refill requests for Alogliptin and complete them as is or send a new prescription for Nesina?

In this scenario, no action is needed by the prescriber. Prescriptions may be written for Nesina (no DAW indication is required on the prescription) or alogliptin. The pharmacy should be submitting claims with **DAW Code 9** (Substitution Allowed by Prescriber but Plan Requests Brand).

10. Do prescribers need to include DAW-1 on the prescription for drugs in the BLTG program?

No, pursuant to this program, prescriptions do not require DAW-1 or Brand Medically Necessary.