

Utilization Management Policy Name: ACA Copay Waiver

Summary of Criteria:

Some generic medications/devices for preventative care are available to members at \$0 cost share under non-grandfathered plans. If a healthcare provider certifies the member clinically unable to utilize the medications available at \$0 cost share, then the requested alternate drug/device may be provided at \$0 cost share for the member. For information and listings of preventative drugs/devices that can be obtained with \$0 cost share, please visit <http://www.BlueCrossNC.com/preventive>.

Criteria for Approval:

1. The request is for brand name Soltamox (tamoxifen) oral solution; **AND**
 - a. The patient is utilizing the requested medication for primary prevention of breast cancer because the patient is high risk; **AND**
 - b. The patient does not have a prior diagnosis of breast cancer; **AND**
 - c. The patient has difficulty swallowing or cannot swallow generic tamoxifen tablets; **OR**
 - d. The patient has a documented intolerance or hypersensitivity to generic tamoxifen tablets; **OR**
2. The request is for Femara (letrozole); **AND**
 - a. The patient is utilizing the requested medication for primary prevention of breast cancer because the patient is high risk; **AND**
 - b. The patient does not have a prior diagnosis of breast cancer; **AND**
 - c. The provider has certified that the patient is clinically unable to utilize the medications available at \$0 cost share (anastrozole, tamoxifen, raloxifene); **OR**
3. The request is for Viread; **AND**
 - a. The patient is utilizing the requested medication for pre-exposure prophylaxis (PrEP) for the prevention of HIV; **AND**
 - b. The provider has certified that the member is clinically unable to utilize emtricitabine-tenofovir 200-300mg tablets (generic Truvada); **OR**
4. The request is for Descovy; **AND**
 - a. The patient is utilizing the requested medication for pre-exposure prophylaxis (PrEP) for the prevention of HIV (**medical record documentation required**); **AND**
 - b. The prescriber has certified that the member is clinically unable to utilize emtricitabine-tenofovir 200-300mg tablets (generic Truvada) (**medical record documentation required**); **OR**
5. The request is for brand name Truvada; **AND**

BLUE CROSS®, BLUE SHIELD® and the Cross and Shield Symbols are registered marks of the Blue Cross and Blue Shield Association, an association of independent Blue Cross and Blue Shield Plans. Blue Cross NC is an independent licensee of the Blue Cross and Blue Shield Association. All other marks are the property of their respective owners.

- a. The patient is utilizing the requested medication for pre-exposure prophylaxis (PrEP) for the prevention of HIV (**medical record documentation required**); **AND**
 - b. The patient had a sub-therapeutic or intolerance response (therapeutic failure) to an inactive ingredient of the generic product, but not present in the Brand (**medical record documentation required**); **AND**
 - i. The patient has a documented intolerance to an inactive ingredient of the generic product that are not found in the brand (**medical record documentation required**); **OR**
6. The request is for a low to moderate intensity statin defined as one of the following agents: (Atorvastatin 10-20 mg per day, Fluvastatin 20-80 mg per day, Fluvastatin ER 80 mg per day, Lovastatin ER 20-40 mg per day, Pitavastatin 1-4 mg per day, Rosuvastatin 5-10 mg per day, Simvastatin 10-40 mg per day); **AND**
- a. The requested statin is covered under the pharmacy benefit or has been previously approved by BlueCross NC; **AND**
 - b. The prescriber has certified that the member is clinically unable to utilize the medications available at \$0 cost share (pravastatin, lovastatin); **AND**
 - c. The patient is 40-75 years of age; **AND**
 - d. The patient has at least one of the following risk factors:
 - i. Dyslipidemia
 - ii. Diabetes
 - iii. Hypertension
 - iv. Smoking; **AND**
 - e. The patient has a calculated 10-year risk of a cardiovascular event of 10% or greater per the American College of Cardiology and American Heart Association's Atherosclerotic Cardiovascular Disease (ASCVD) calculator; **OR**
7. The request is for a brand contraceptive medication/device; **AND**
- a. The requested medication/device is covered under the pharmacy benefit or has been previously approved by BlueCross NC; **AND**
 - b. The provider has certified that the patient is clinically unable to utilize all medications within its designated FDA-approved contraceptive category available at \$0 cost share; **OR**
8. The request is for a bowel preparation medication; **AND**
- a. The requested medication is covered under the pharmacy benefit or has been previously approved by BlueCross NC; **AND**
 - b. The requested medication is not listed as available to members at \$0 cost share; **AND**
 - c. The provider has certified that the member is clinically unable to utilize the medications available at \$0 cost share.

Duration of approval: 365 days (1 year)

Policy Implementation/Update Information:

July 2021: Criteria change: Brand Truvada requests must certify the patient is unable to take generic Truvada. Descovy added to policy.

Duration of approval 365 days.

April 2021: Criteria change: Updated language on brand contraceptive medication device requirements. Brand or generic Truvada available for \$0 cost share.

October 2020: Criteria change: Added letrozole to policy for breast cancer prevention.

July 2020: Criteria change: Added section for Viread, Truvada and statin requests All ACA Copay Waiver criteria combined into one policy.

September 2016: Removed language specific to contraceptive drugs/devices. Updated verbiage and website information.

August 2015: Original utilization management criteria issued.

Blue Cross and Blue Shield of North Carolina (Blue Cross NC) provides free aids to service people with disabilities as well as free language services for people whose primary language is not English. Please contact the number on the back of your card for assistance.

Blue Cross and Blue Shield of North Carolina (Blue Cross NC) proporciona asistencia gratuita a las personas con discapacidades, así como servicios lingüísticos gratuitos para las personas cuyo idioma principal no es el inglés. Comuníquese con el número que aparece en el reverso de su tarjeta del seguro para obtener ayuda.

BLUE CROSS®, BLUE SHIELD® and the Cross and Shield Symbols are registered marks of the Blue Cross and Blue Shield Association, an association of independent Blue Cross and Blue Shield Plans. Blue Cross NC is an independent licensee of the Blue Cross and Blue Shield Association. All other marks are the property of their respective owners.