



An Independent Licensee of the Blue Cross Blue Shield Association

PHARMACY COVERAGE GUIDELINES
SECTION: DRUGS

ORIGINAL EFFECTIVE DATE: 09/30/2016
LAST REVIEW DATE: 11/18/2021
LAST CRITERIA REVISION DATE: 11/21/2019
ARCHIVE DATE:

Cost-Share Waiver Exception Policy for Preventive Medications

Coverage for services, procedures, medical devices and drugs are dependent upon benefit eligibility as outlined in the member's specific benefit plan. This Pharmacy Coverage Guideline must be read in its entirety to determine coverage eligibility, if any.

This Pharmacy Coverage Guideline provides information related to coverage determinations only and does not imply that a service or treatment is clinically appropriate or inappropriate. The provider and the member are responsible for all decisions regarding the appropriateness of care. Providers should provide BCBSAZ complete medical rationale when requesting any exceptions to these guidelines.

The section identified as "Description" defines or describes a service, procedure, medical device or drug and is in no way intended as a statement of medical necessity and/or coverage.

The section identified as "Criteria" defines criteria to determine whether a service, procedure, medical device or drug is considered medically necessary or experimental or investigational.

State or federal mandates, e.g., FEP program, may dictate that any drug, device or biological product approved by the U.S. Food and Drug Administration (FDA) may not be considered experimental or investigational and thus the drug, device or biological product may be assessed only on the basis of medical necessity.

Pharmacy Coverage Guidelines are subject to change as new information becomes available.

For purposes of this Pharmacy Coverage Guideline, the terms "experimental" and "investigational" are considered to be interchangeable.

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This Pharmacy Coverage Guideline does not apply to FEP or other states' Blues Plans.

Information about medications that require precertification is available at www.azblue.com/pharmacy.

Some large (100+) benefit plan groups may customize certain benefits, including adding or deleting precertification requirements.

All applicable benefit plan provisions apply, e.g., waiting periods, limitations, exclusions, waivers and benefit maximums.

Precertification for medication(s) or product(s) indicated in this guideline requires completion of the [request form](#) in its entirety with the chart notes as documentation. **All requested data must be provided.** Once completed the form must be signed by the prescribing provider and faxed back to BCBSAZ Pharmacy Management at (602) 864-3126 or emailed to Pharmacyprecert@azblue.com. **Incomplete forms or forms without the chart notes will be returned.**



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Criteria:

- **Criteria for initial therapy:** An exception request for cost-share waiver on a preventive medication may be considered **medically necessary** and will be approved when **ALL** of the following criteria are met:
1. A diagnosis and treatment plan is submitted that provides the rationale for the exception request for a waived member cost share.
 2. Evidence that the U.S. Preventive Services Task Force recommendation grade of A or B is applicable to the individual
 3. There are no benefit or contract exclusions that apply

Initial approval duration: 12 months

- **Criteria for continuation of coverage (renewal request):** An exception request for cost-share waiver on a preventive medication is considered **medically necessary** and will be approved when **ALL** of the following criteria are met:
1. U.S. Preventive Services Task Force recommendation grade of A or B is applicable
 2. There are no benefit or contract exclusions that apply
 3. Individual has been adherent with the medication

Renewal duration: 12 months

Description:

Medication coverage is subject to limitations, including but not limited to medications that are used preventatively but do not qualify for waive member cost share through the prevention benefits.

The Patient Protection and Affordable Care Act (PPACA) requires that non-grandfathered group and individual health plans waive cost share for in-network preventive services, including certain preventive medications and devices in certain circumstances, when these are a current published recommendation of Grade A or B by the United States Preventive Services Task Force (USPSTF). This benefit option does not apply universally to grandfathered plans. The cost share waiver does not apply when an out of network or non-contracted pharmacy provider is used. There are some medications and devices that can be used for both preventive care and to treat a medical condition. Cost share is waived only when the medication or device is prescribed for preventive care.

Some medications covered under prevention also have prescription limitations or precertification requirements. The medication must be prescribed for a preventive care purpose.



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Providers may submit an exception request when medication is used for prevention, but the claim is not processing under the prescription prevention benefit. However, a request is not a guarantee of coverage. Applicable benefit limitations and exclusions of the member's specific benefit plan may apply.

Definitions:

Guidance Regarding Preventive Medications as defined by the plan:

View resources for Prescription Drug Coverage Information and Formularies on azblue.com/pharmacy for a current listing of preventive medications.

U.S. Preventive Services Task Force (USPSTF):

An independent group of national experts in prevention and evidence-based medicine that makes recommendations about clinical preventive services such as screenings, counseling services, and preventive medication.

Grade Definitions after July 2012:

Grade	Definition	Suggestion for Practice
A	The USPSTF recommends the service. There is high certainty that the net benefit is substantial.	Offer or provide this service.
B	The USPSTF recommends the service. There is high certainty that the net benefit is moderate or there is moderate certainty that the net benefit is moderate to substantial.	Offer or provide this service.
C	The USPSTF recommends selectively offering or providing this service to individual patients based on professional judgment and patient preferences. There is at least moderate certainty that the net benefit is small.	Offer or provide this service for selected patients depending on individual circumstances.
D	The USPSTF recommends against the service. There is moderate or high certainty that the service has no net benefit or that the harms outweigh the benefits.	Discourage the use of this service.
I	The USPSTF concludes that the current evidence is insufficient to assess the balance of benefits and harms of the service. Evidence is lacking, of poor quality, or conflicting, and the balance of benefits and harms cannot be determined.	Read the clinical considerations section of USPSTF Recommendation Statement. If the service is offered, patients should understand the uncertainty about the balance of benefits and harms.

Levels of Certainty Regarding Net Benefit:

Level of Certainty	Description
High	The available evidence usually includes consistent results from well-designed, well-conducted studies in representative primary care populations. These studies assess the effects of the preventive service on health outcomes. This conclusion is therefore unlikely to be strongly affected by the results of future studies.



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Moderate	<p>The available evidence is sufficient to determine the effects of the preventive service on health outcomes, but confidence in the estimate is constrained by such factors as:</p> <ul style="list-style-type: none"> • The number, size, or quality of individual studies. • Inconsistency of findings across individual studies. • Limited generalizability of findings to routine primary care practice. • Lack of coherence in the chain of evidence. <p>As more information becomes available, the magnitude or direction of the observed effect could change, and this change may be large enough to alter the conclusion.</p>
Low	<p>The available evidence is insufficient to assess effects on health outcomes. Evidence is insufficient because of:</p> <ul style="list-style-type: none"> • The limited number or size of studies. • Important flaws in study design or methods. • Inconsistency of findings across individual studies. • Gaps in the chain of evidence. • Findings not generalizable to routine primary care practice. • Lack of information on important health outcomes <p>More information may allow estimation of effects on health outcomes.</p>
<p>The USPSTF defines certainty as "likelihood that the USPSTF assessment of the net benefit of a preventive service is correct." The net benefit is defined as benefit minus harm of the preventive service as implemented in a general, primary care population. The USPSTF assigns a certainty level based on the nature of the overall evidence available to assess the net benefit of a preventive service.</p>	

Resources:

[Task Force Resources | United States Preventive Services Taskforce \(uspreventiveservicestaskforce.org\)](https://uspreventiveservicestaskforce.org).
 Current as of June 2021. Accessed September 06, 2021.

List of USPSTF A & B Recommendations <https://uspreventiveservicestaskforce.org/uspstf/recommendation-topics/uspstf-and-b-recommendations>. Accessed September 06, 2021.