



BlueCross BlueShield of Illinois
BlueCross BlueShield of Montana
BlueCross BlueShield of New Mexico
BlueCross BlueShield of Oklahoma
BlueCross BlueShield of Texas

ACA Prevention Copay Waiver Program Summary – Individual Marketplace, Commercial

Aspirin ACA Prevention Copay Waiver Criteria

OBJECTIVE

The intent of the ACA Prevention Copay Waiver Criteria is to help ensure the copay waiver, when applicable based on the member's benefit, is applied to the appropriate population as described by the United States Preventative Services Task Force (USPSTF).

CRITERIA FOR APPROVAL

The requested aspirin will be approved when ALL of the following are met:

1. The requested agent is medically necessary
AND
2. The requested agent is the 81 mg strength aspirin
AND
3. The patient is pregnant, at high risk of preeclampsia, and using the requested agent after 12 weeks of gestation **AND**
4. The member's benefit includes ACA Preventative Care for the category requested

Length of Approval: 9 months

Bowel Prep Agents ACA Prevention Copay Waiver Criteria

OBJECTIVE

The intent of the ACA Prevention Copay Waiver Criteria is to help ensure the copay waiver, when applicable based on the member's benefit, is applied to the appropriate population as described by the United States Preventative Services Task Force (USPSTF).

CRITERIA FOR APPROVAL

The requested bowel prep agent will be approved when ALL of the following are met:

1. The requested agent is medically necessary
AND
2. The prescriber has indicated the requested agent will be used for the preparation of colorectal cancer screening using fecal occult blood testing, sigmoidoscopy, or colonoscopy
AND
3. The patient is 45 years of age or over **AND**
4. The member's benefit includes ACA Preventative Care for the category requested

Length of Approval: 12 months

Breast Cancer Primary Prevention Agent ACA Copay Waiver Criteria

OBJECTIVE

The intent of the ACA Prevention Copay Waiver Criteria is to help ensure the copay waiver, when applicable based on the member's benefit, is applied to the appropriate population as described by the United States Preventative Services Task Force (USPSTF).

CRITERIA FOR APPROVAL

The requested breast cancer primary prevention agent will be approved when ALL of the following are met:

1. The requested agent is medically necessary
AND
2. The requested agent is tamoxifen, raloxifene, or aromatase inhibitor (anastrozole, exemestane, letrozole)
AND
3. The patient is 35 years of age or over
AND
4. The agent is requested for the primary prevention of breast cancer **AND**
5. The member's benefit includes ACA Preventative Care for the category requested

Length of Approval: 12 months

Contraceptives ACA Prevention Copay Waiver Criteria

OBJECTIVE

The intent of the ACA Prevention Copay Waiver Criteria is to help ensure the copay waiver, when applicable based on the member's benefit, is applied to the appropriate population as described by Health Resources & Services Administration (HRSA) in support of Women's Preventive Care.

CRITERIA FOR APPROVAL

The requested contraceptive agent will be approved when ALL of the following are met:

1. The requested agent is being prescribed for contraception
AND
2. The requested agent is medically necessary **AND**
3. The member's benefit includes ACA Preventative Care for the category requested

Length of Approval: 12 months

Fluoride supplement ACA Prevention Copay Waiver Criteria

OBJECTIVE

The intent of the ACA Prevention Copay Waiver Criteria is to help ensure the copay waiver, when applicable based on the member's benefit, is applied to the appropriate population as described by the United States Preventative Services Task Force (USPSTF) and Bright Futures/Health Resources & Services Administration (HRSA).

CRITERIA FOR APPROVAL

The requested fluoride supplement agent will be approved when ALL of the following are met:

1. The requested agent is medically necessary

AND

2. The patient is 6 months to 16 years of age **AND**
3. The member's benefit includes ACA Preventative Care for the category requested

Length of Approval: 12 months

Folic Acid ACA Prevention Copay Waiver Criteria

OBJECTIVE

The intent of the ACA Prevention Copay Waiver Criteria is to help ensure the copay waiver, when applicable based on the member's benefit, is applied to the appropriate population as described by the United States Preventative Services Task Force (USPSTF).

CRITERIA FOR APPROVAL

The requested folic acid agent will be approved when ALL of the following are met:

1. The requested agent is medically necessary
AND
2. The requested folic acid supplement contains 0.4-0.8 mg of folic acid
AND
3. The requested folic acid supplement is to be used in support of pregnancy **AND**
4. The member's benefit includes ACA Preventative Care for the category requested

Length of Approval: 12 months

Human Immunodeficiency Virus (HIV) Infection: Pre-exposure Prophylaxis (PrEP) ACA Prevention Copay Waiver Criteria

OBJECTIVE

The intent of the ACA Prevention Copay Waiver Criteria is to help ensure the copay waiver, when applicable based on the member's benefit, is applied to the appropriate population as described by the United States Preventative Services Task Force (USPSTF).

CRITERIA FOR APPROVAL

The requested HIV infection pre-exposure prophylaxis (PrEP) agent will be approved when ALL of the following are met:

1. The requested agent is being used for PrEP
AND
2. The requested agent is medically necessary
AND
3. The patient is at high risk of HIV infection
AND
4. The patient has recently tested negative for HIV **AND**
5. The member's benefit includes ACA Preventative Care for the category requested

Length of Approval: 12 months

Infant Eye Ointment ACA Prevention Copay Waiver Criteria

OBJECTIVE

The intent of the ACA Prevention Copay Waiver Criteria is to help ensure the copay waiver, when applicable based on the member's benefit, is applied to the appropriate population as described by the United States Preventative Services Task Force (USPSTF).

CRITERIA FOR APPROVAL

The requested infant eye ointment agent will be approved when ALL of the following are met:

1. The requested agent is medically necessary
AND
2. The patient is 3 months of age or younger
AND
3. The requested agent is requested for the prevention of gonococcal ophthalmia neonatorum
AND
4. The member's benefit includes ACA Preventative Care for the category requested

Length of Approval: 3 months

Iron Supplements ACA Prevention Copay Waiver Criteria

OBJECTIVE

The intent of the ACA Prevention Copay Waiver Criteria is to help ensure the copay waiver, when applicable based on the member's benefit, is applied to the appropriate population as described by the Bright Futures/Health Resources & Services Administration (HRSA).

CRITERIA FOR APPROVAL

The requested iron supplement will be approved when ALL of the following are met:

1. The requested agent is medically necessary
AND
2. The patient is under 12 months of age
AND
3. The patient is at increased risk for iron deficiency anemia **AND**
4. The member's benefit includes ACA Preventative Care for the category requested

Length of Approval: 12 months

Statin ACA Prevention Copay Waiver Criteria

OBJECTIVE

The intent of the ACA Prevention Copay Waiver Criteria is to help ensure the copay waiver, when applicable based on the member's benefit, is applied to the appropriate population as described by the United States Preventative Services Task Force (USPSTF). The USPSTF recommendation requires the calculation of Atherosclerotic Cardiovascular Disease (ASCVD) risk. The calculation requires inputting the patient's sex, age, race, high density lipoprotein (HDL) cholesterol, total cholesterol, blood pressure, whether the patient has diabetes, whether the patient is under treatment for hypertension, and whether the patient is an active smoker.¹

1. American College of Cardiology and American Heart Association's Atherosclerotic Cardiovascular Disease (ASCVD) calculator. Available at: <https://tools.acc.org/ASCVD-Risk-Estimator/> Accessed on 3/1/2017.

CRITERIA FOR APPROVAL

The requested statin will be approved when ALL of the following are met:

1. The requested agent is medically necessary
AND
2. The requested statin is for use in the primary prevention of cardiovascular disease (CVD)
AND
3. The patient is 40-75 years of age (inclusive)
AND
4. The patient has at least one of the following risk factors:
 - a. Dyslipidemia
 - b. Diabetes
 - c. Hypertension
 - d. Smoking**AND**
5. 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 **AND**
6. The member's benefit includes ACA Preventative Care for the category requested

Length of Approval: 12 months

Tobacco Cessation ACA Prevention Copay Waiver Criteria

OBJECTIVE

The intent of the ACA Prevention Copay Waiver Criteria is to help ensure the copay waiver, when applicable based on the member's benefit, is applied to the appropriate population as described by the United States Preventative Services Task Force (USPSTF).

CRITERIA FOR APPROVAL

The requested tobacco cessation agent will be approved when ALL of the following are met:

1. The patient is a non-pregnant adult

AND

2. The requested agent is medically necessary **AND**
3. The member's benefit includes ACA Preventative Care for the category requested

Length of Approval: 12 months

Vaccine ACA Prevention Copay Waiver Criteria

OBJECTIVE

The intent of the ACA Prevention Copay Waiver Criteria is to help ensure the copay waiver, when applicable based on the member's benefit, is applied to the appropriate population as described by the Advisory Committee on Immunization Practices (ACIP) and Centers for Disease Control (CDC) in support of routine immunizations for children, adolescents, and adults.

CRITERIA FOR APPROVAL

The requested vaccine will be approved when ALL of the following are met:

1. The requested agent is medically necessary

AND

2. The requested vaccine will be used per the recommendations of the Advisory Committee on Immunization Practices/CDC **AND**
3. The member's benefit includes ACA Preventative Care for the category requested

Length of Approval: 12 months