



# Coverage Exception – Health Insurance Marketplace Program Summary

## Coverage Exception Criteria– Program Summary Objective

These criteria apply to any request for medication that is not included on the covered drug list and can be used to treat a medical condition/disease state that is not otherwise excluded from coverage under the pharmacy benefit.

If the request is for a medication and disease state/medical condition that is addressed with current clinical review criteria that criteria set also will be applied.

### **EXCEPTION CRITERIA FOR APPROVAL**

A coverage exception will be granted when ALL of the following are met:

1. The request is NOT for a drug/drug class/medical condition that is on the list of drugs/drug classes/medical conditions which are excluded from coverage under the pharmacy benefit

Horizon Standard Exclusion lists (GPI list - <b>HZ9STDEXC</b> HZ GENERAL STD EXCLUSION SEQ45 AND NDC list - <b>HZEX</b> GENERAL STD EXCLUSION_)
Cosmetic Drugs (i.e., Alopecia/minoxidil, tretinoin) (Third Party Restriction Code C)
Weight Loss Agents (Anorexiants non-amphetamine, anti-obesity agents) (Third Party Restriction Code 8)
Lifestyle (Prostaglandin impotence agents, PDE-5 Inhibitors, Addyi/flibanserin)
Bulk Chemicals (Emollient cream, Emollient foam, Capsaicin & cleansing gel, Miscellaneous dermatological products)
Bulk Powders (all NDCs designated by 3 <sup>rd</sup> party exception code B)
Pharmaceutical Adjuvants (GPI: 98*****)
Rx Products with OTC Equivalent (does NOT apply to ACA and diabetic supplies)
Over-the-counter products not on the covered drug list
Schedule 5 OTC products
PPI products with an OTC equivalent
Medical foods (FID 207; Modifier code BBAIO1)
Compound Kits (FID 212)
Compounded products from outsourced facilities (Modifier code BBADJI)
Scar treatment product (GPI: 9093*****)
Institutional/unit dose (Modifier codes AAAD31, AAADQQ, BBAD9A, TTAAJQ, TTAA5V, AAAB9A, AAAD6T)
Non-FDA approved products (FID 220, FID 213)
Viscosupplements
Repackers
Alternative medicines (GPI: 95*****)
General anesthetic (GPI: 70*****)
Chemicals (GPI: 96*****)

**AND**

2. The request is NOT for a drug/drug class/medical condition that is restricted to coverage under the Medical Benefit

Horizon Standard Medical Exclusion lists (GPI list – <b>HZMEDBLOCK</b> HZ CM STD NON NR MEDICAL BLOCK AND NDC list – <b>HZBMED</b> HZ CM STD MED DRUG BLK)
Intraarticular Steroid combination injections (GPI: 221099*****)
ROA Exclusions (Epidural [EP], Intradermal [ID], Intraspinal [IE], Intravesical [IS], Intra-arterial [IA], Implant [IL], Intraocular [IO], Intraperitoneal [IP], Intra-articular [IX], Intravenous [IV], Intrathecal [IT], Hemodialysis [HM], Intralesional [LS], Intratympanic [TP], Intravitreal [IZ], Periarticular [PA], Perfusion [PF], Intraplural [PL], Intratracheal [TR], Ureteral [UL], Intraventricular [VE])
Medical Supplies/Devices (GPI 97*, unless on the covered drug list or Dexcom G6 sensors, receivers or transmitters), Durable Medical Equipment, and Surgical Supplies (Third Party Restriction Code of 3)
IV Immune Globulin and IM Immune Globulin products
ALL Vaccines
CYCLOPHOSPHAMIDE SOLR
MECHLORETHAMINE HCL SOLR
BLEOMYCIN SULFATE SOLR
PEGASPARGASE SOLN
LORAZEPAM SOLN
DESIRUDIN SOLR
AFLIBERCEPT
RANIBIZUMAB SOLN
TUBERCULIN PPD SOLN
COLLAGENASE CLOSTRIDIUM HISTOLYTICUM
OCRIPLASMIN

**AND**

3. The patient has an FDA-approved or compendia accepted indication [National Comprehensive Cancer Network (NCCN) Compendium™ level of evidence 1, or 2A; American Hospital Formulary Service (AHFS); Truven Micromedex/DrugDex – Class I or IIa recommendation, Clinical Pharmacology or a phase 3 clinical trial OR the prescriber has submitted a clinical study or additional documentation published in a major peer-reviewed medical journal supporting the requested therapeutic use] for the requested agent

**AND**

4. If the request is for a drug/drug class/medical condition that is on the list of drugs/drug classes/medical conditions which have additional clinical review criteria, the additional clinical criteria has been met

**AND**

5. If the request is for an Affordable Care Act Copay Waiver product, the Affordable Care Act Copay Waiver requirements have been met

**Length of Approval:** 12 months