



# ACA Prevention Copay Waiver Program Summary

## POLICY REVIEW CYCLE

Effective Date	Date of Origin	Status
12-15-2024		Draft

## OBJECTIVE

### Aspirin ACA Prevention:

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).

### Bowel Prep:

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).

### Breast Cancer:

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).

### Contraceptives ACA Prevention:

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.

### Fluoride Supplement:

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).

### Folic Acid:

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).

### Human Immunodeficiency Virus (HIV) Infection: Pre-exposure Prophylaxis (PrEP):

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).

### Infant Eye Ointment:

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).

### Iron Supplements :

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).

### Statin:

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 7/27/23.

### Tobacco:

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).

Vaccine:

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.

**CLINICAL CRITERIA FOR APPROVAL**

Module	Clinical Criteria for Approval
Aspirin ACA Prevention Copay Waiver Criteria	<p>The requested aspirin will be approved when ALL of the following are met:</p> <ol style="list-style-type: none"> <li>1. The requested agent is medically necessary <b>AND</b></li> <li>2. The requested agent is the 81 mg strength aspirin <b>AND</b></li> <li>3. The patient is pregnant, at high risk of preeclampsia, and using the requested agent after 12 weeks of gestation <b>AND</b></li> <li>4. The member's benefit includes ACA Preventative Care for the category requested</li> </ol> <p><b>Length of Approval:</b> 9 months</p>
Bowel Prep Agents ACA Prevention Copay Waiver Criteria	<p>The requested bowel prep agent will be approved when ALL of the following are met:</p> <ol style="list-style-type: none"> <li>1. The requested agent is medically necessary <b>AND</b></li> <li>2. The requested agent will be used for the preparation of colorectal cancer screening using fecal occult blood testing, sigmoidoscopy, or colonoscopy <b>AND</b></li> <li>3. The patient is 45 years of age or over <b>AND</b></li> <li>4. The member's benefit includes ACA Preventative Care for the category requested</li> </ol> <p><b>Length of Approval:</b> 12 months</p>
Breast Cancer Primary Prevention Agent ACA Copay Waiver Criteria	<p>The requested breast cancer primary prevention agent will be approved when ALL of the following are met:</p> <ol style="list-style-type: none"> <li>1. The requested agent is medically necessary <b>AND</b></li> <li>2. The requested agent is tamoxifen, raloxifene, or an aromatase inhibitor (anastrozole, exemestane, letrozole) <b>AND</b></li> <li>3. The patient is 35 years of age or over <b>AND</b></li> <li>4. The agent is requested for the primary prevention of breast cancer <b>AND</b></li> <li>5. The member's benefit includes ACA Preventative Care for the category requested</li> </ol> <p><b>Length of Approval:</b> 12 months</p>
Contraceptives ACA Prevention Copay Waiver Criteria	<p>The requested contraceptive agent will be approved when ALL of the following are met:</p> <ol style="list-style-type: none"> <li>1. The requested agent is being used for contraception <b>AND</b></li> <li>2. The requested agent is medically necessary <b>AND</b></li> <li>3. The member's benefit includes ACA Preventative Care for the category requested</li> </ol> <p><b>Length of Approval:</b> 12 months</p>
Fluoride supplement ACA Prevention Copay Waiver Criteria	<p>The requested fluoride supplement agent will be approved when ALL of the following are met:</p> <ol style="list-style-type: none"> <li>1. The member's benefit includes ACA Preventative Care for the category requested <b>AND</b></li> <li>2. The requested agent is medically necessary <b>AND</b></li> <li>3. The patient is 6 months to 16 years of age</li> </ol> <p><b>Length of Approval:</b> 12 months</p>
Folic Acid ACA Prevention Copay	<p>The requested folic acid agent will be approved when ALL of the following are met:</p> <ol style="list-style-type: none"> <li>1. The member's benefit includes ACA Preventative Care for the category requested <b>AND</b></li> <li>2. The requested agent is medically necessary <b>AND</b></li> </ol>

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Waiver Criteria	<p>3. The requested folic acid supplement contains 0.4-0.8 mg of folic acid <b>AND</b></p> <p>4. The requested folic acid supplement is to be used in support of pregnancy <b>AND</b></p> <p><b>Length of Approval:</b> 12 months</p>
Human Immunodeficiency Virus (HIV) Infection: Pre-exposure Prophylaxis (PrEP) ACA Prevention Copay Waiver Criteria	<p>The requested HIV infection pre-exposure prophylaxis (PrEP) agent will be approved when ALL of the following are met:</p> <ol style="list-style-type: none"> <li>1. The member's benefit includes ACA Preventative Care for the category requested <b>AND</b></li> <li>2. The requested agent is being used for PrEP <b>AND</b></li> <li>3. The requested agent is medically necessary <b>AND</b></li> <li>4. The patient has increased risk for HIV infection <b>AND</b></li> <li>5. The patient has recently tested negative for HIV</li> </ol> <p><b>Length of Approval:</b> 12 months</p>
Infant Eye Ointment ACA Prevention Copay Waiver Criteria	<p>The requested infant eye ointment agent will be approved when ALL of the following are met:</p> <ol style="list-style-type: none"> <li>1. The member's benefit includes ACA Preventative Care for the category requested <b>AND</b></li> <li>2. The requested agent is medically necessary <b>AND</b></li> <li>3. The patient is 3 months of age or younger <b>AND</b></li> <li>4. The requested agent is requested for the prevention of gonococcal ophthalmia neonatorum</li> </ol> <p><b>Length of Approval:</b> 3 months</p>
Iron Supplements ACA Prevention Copay Waiver Criteria	<p>The requested iron supplement will be approved when ALL of the following are met:</p> <ol style="list-style-type: none"> <li>1. The member's benefit includes ACA Preventative Care for the category requested <b>AND</b></li> <li>2. The requested agent is medically necessary <b>AND</b></li> <li>3. The patient is under 12 months of age <b>AND</b></li> <li>4. The patient is at increased risk for iron deficiency anemia</li> </ol> <p><b>Length of Approval:</b> 12 months</p>
Statin ACA Prevention Copay Waiver Criteria	<p>The requested statin will be approved when ALL of the following are met:</p> <ol style="list-style-type: none"> <li>1. The member's benefit includes ACA Preventative Care for the category requested <b>AND</b></li> <li>2. The requested agent is medically necessary <b>AND</b></li> <li>3. The requested statin is for use in the primary prevention of cardiovascular disease (CVD) <b>AND</b></li> <li>4. The patient is 40-75 years of age (inclusive) <b>AND</b></li> <li>5. The patient has at least one of the following risk factors: <ol style="list-style-type: none"> <li>A. Dyslipidemia</li> <li>B. Diabetes</li> <li>C. Hypertension</li> <li>D. Smoking <b>AND</b></li> </ol> </li> <li>6. 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</li> </ol> <p><b>Length of Approval:</b> 12 months</p>
Tobacco Cessation ACA Prevention	<p>The requested tobacco cessation agent will be approved when ALL of the following are met:</p> <ol style="list-style-type: none"> <li>1. The member's benefit includes ACA Preventative Care for the category requested <b>AND</b></li> <li>2. The patient is a non-pregnant adult <b>AND</b></li> </ol>

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n Copay Waiver Criteria	<p>3. The requested agent is medically necessary <b>AND</b></p> <p><b>Length of Approval:</b> 12 months</p>
Vaccine ACA Prevention Copay Waiver Criteria	<p>The requested vaccine will be approved when ALL of the following are met:</p> <ol style="list-style-type: none"> <li>1. The member’s benefit includes ACA Preventative Care for the category requested <b>AND</b></li> <li>2. The requested agent is medically necessary <b>AND</b></li> <li>3. The requested vaccine will be used per the recommendations of the Advisory Committee on Immunization Practices/CDC</li> </ol> <p><b>Length of Approval:</b> 12 months</p>