

<b>Policy Name:</b>	<b>Medical Exception for Preferred Brand Copayment</b>	<b>Policy #:</b>	<b>571P</b>
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## Purpose of the Policy

The purpose of this policy is to establish medical exception criteria for reduction of a non-preferred brand copayment to a preferred brand copayment.

## Statement of the Policy

Health Alliance Medical Plans will approve the reduction of a non-preferred brand copayment to a preferred brand copayment when the following criteria have been met.

Health Alliance Drug and Procedural Policies are developed and reviewed annually in compliance with the Mental Health Parity and Addiction Equity Act (MHPAEA) of 2008. MHPAEA requires group health plans and health insurance issuers to ensure that financial requirements (such as copays, deductibles) and treatment limitations (prior authorization, step therapy) applicable to mental health or substance use disorder (MH/SUD) benefits are no more restrictive than the predominant requirements or limitations applied to substantially all medical/surgical benefits.

## Criteria

### 1. Criteria

- 1.1 Documentation of trial and failure of every formulary agent in the same therapeutic class OR
- 1.2 Documentation of allergic reactions or contraindication to every formulary agent in the same therapeutic class

### 2. Exclusion

- 2.1 Agents that are the only drug entity in a therapeutic class are not eligible for a reduction in copayment
- 2.2 Medications in which the dispense as written (DAW) penalty has already been removed are not eligible for further tier-lowering to the preferred brand copay tier
- 2.3 Medications covered on a specialty tier are not eligible for a reduction in copayment
- 2.4 Medications that are covered on the non-preferred generic tier are not eligible for a reduction in copayment
- 2.5 Medications which are already covered at the preferred brand copay tier are not eligible for further tier-lowering to a generic copay tier

## References

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## DISCLAIMER

This Medical Policy has been developed as a guide for determining medical necessity. The process of medical necessity review also entails review of the most recent literature and physician review. Medical Policy is not intended to dictate to providers how to practice medicine. Providers are expected to exercise their medical judgment in providing the most appropriate care. Health Alliance encourages input from providers when developing and implementing medical policies. Benefit determinations are based on applicable contract language in the member's Policy/ Subscription Certificate/ Summary Plan Description. This Medical Policy does not guarantee coverage. There may be a delay between the revision of this policy and the posting on the web. Please contact the Health Alliance Customer Service Department at 1-800-851-3379 for verification of coverage.