

POLICY NAME	Medical Exception for Preferred Brand	POLICY #	571P
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Criteria

Exclusion Criteria – Any of the following prevents coverage

- ☐ **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 Created Date: 07/01/99 Effective Date: 07/01/99 Posted to Website: 01/01/22 Revision Date: 01/01/24
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.

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