

TOPICAL ESTROGENS PA SUMMARY

PREFERRED	Alora, Climara, Estraderm, Estradiol Transdermal Patch, Vivelle, Vivelle-Dot
NON-PREFERRED	Divigel, Elestrin, Estradiol Transdermal Patch (generic for Climara), Estrasorb, Estrogel, Evamist

LENGTH OF AUTHORIZATION: 6 months

PA CRITERIA:

For Divigel, Elestrin, Estrasorb, Estrogel, or Evamist

- ❖ Physician should submit documentation of trial and failure of at least two preferred estradiol transdermal patches.

For Estradiol Transdermal Patch (generic Climara)

- ❖ Physician should submit a written letter of medical necessity stating the reason(s) that the preferred product, brand-name Climara, is not appropriate for the member.

EXCEPTIONS:

- ❖ Exceptions to these conditions of coverage are considered through the prior authorization process.
- ❖ The Prior Authorization process may be initiated by calling **SXC Health Solutions at 1-866-525-5827**.

PA and APPEAL PROCESS:

- ❖ For online access to the PA process please go to www.mmis.georgia.gov/portal, highlight the pharmacy link on the top right side of the page, and click on “prior approval process”.

QUANTITY LEVEL LIMITATIONS:

- ❖ For online access to the current Quantity Level Limit please go to www.mmis.georgia.gov/portal, highlight Provider Information and click on Provider Manuals. Scroll to the page with Pharmacy Services Part II and select that manual.