



**GEORGIA MEDICAID FEE-FOR-SERVICE
CONTRACEPTIVES PA SUMMARY**

Preferred	Non-Preferred
<p>All generics (Drug Group 25***** - Contraceptives) unless otherwise noted Blisovi fe, microgestin fe and all generics for Loestrin FE Camila, norethindrone and all generics for Ortho Micronor LoSeasonique Seasonique Trinessa lo generic Nuvaring (etonogestrel/ethinyl estradiol vaginal ring)</p>	<p>Amethia lo, camrese lo, levonorgestrel/ethinyl estradiol lo and all generics for LoSeasonique Amethia, camrese, levonorgestrel/ethinyl estradiol and all generics for Seasonique Amethyst and all generics for Lybrel Annovera (segesterone acetate & ethinyl estradiol vaginal system) Aranelle, leena and all generics for Tri-Norinyl Balcoltra Drospirenone/ethinyl estradiol, ocella, zarah and all generics for Yasmin Drospirenone/ethinyl estradiol, gianvi and all generics for Yaz Drospirenone/ethinyl estradiol/levomefolate and all generics for Beyaz ethynodiol diacetate/ethinyl estradiol 1/50 and all generics for Demulen 1/50 Layolis fe chew, norethindrone/ethinyl estradiol/fe chew and all generics for GenereSS FE Chew Lo Loestrin FE Minastrin 24 FE Chew Natazia Quartette Safyral Slynd Tri-Lo sprintec, tri-lo estarylla, tri-lo marzia and all generics for Ortho Tri-Cyclen Lo EXCEPT trinessa lo Wymzya fe chew, norethindrone/ethinyl estradiol/fe chew and all generics for Femcon FE Chew Xulane and all generics for Ortho Evra (norgestromin and ethinyl estradiol transdermal system)</p>

LENGTH OF AUTHORIZATION: 1 Year

PA CRITERIA:

Amethia Lo, Camrese Lo, Levonorgestrel/Ethinyl Estradiol Lo and All Generics for LoSeasonique

- ❖ Prescriber must submit a written letter of medical necessity stating the reasons the preferred product, brand LoSeasonique, is not appropriate for the member.

Amethia, Camrese, Levonorgestrel/Ethinyl Estradiol and All Generics for Seasonique

- ❖ Prescriber must submit a written letter of medical necessity stating the reasons the preferred product, brand Seasonique, is not appropriate for the member.



Annovera

- ❖ Approvable for members who are unable to swallow solid oral medications and have an intolerable side effect to Nuvaring.
- ❖ Approvable for members who are able to swallow solid oral medications and have intolerable side effects to at least two preferred contraceptives, one of which must be Nuvaring.

Layolis FE Chew, Norethindrone/Ethinyl Estradiol/FE Chew and All Generics for Generess FE Chew; Minastrin 24 FE Chew; Wymza FE Chew, Norethindrone/Ethinyl Estradiol/FE Chew and All Generics for Femcon FE Chew

- ❖ Approvable for members who are unable to swallow solid oral medications or have intolerable side effects to at least two preferred oral contraceptives.

Lo Loestrin FE

- ❖ Prescriber must submit a written letter of medical necessity stating the reasons the preferred products, all generics for Loestrin FE, are not appropriate for the member.

Slynd

- ❖ Approvable for members who have an allergy, contraindication, drug-drug interaction or intolerable side effect to estrogen-containing oral contraceptives and have an intolerable side effect to norethindrone or for members who have intolerable side effects to at least two preferred oral contraceptives.

Tri-Lo Sprintec, Tri-Lo Estarylla, Tri-Lo Marzia and All Generics for Ortho-Tri-Cyclen Lo EXCEPT Trinessa Lo

- ❖ Prescriber must submit a written letter of medical necessity stating the reasons the preferred product, generic Trinessa Lo, is not appropriate for the member.

Xulane and All Generics for Ortho Evra

- ❖ Approvable for members who are unable to swallow solid oral medications and have an intolerable side effect to Nuvaring or is not a candidate for vaginal ring contraception.
- ❖ Approvable for members who are able to swallow solid oral medications and have intolerable side effects to at least two preferred oral contraceptives.

All Other Non-Preferred Products

- ❖ Approvable for members with intolerable side effects to at least two preferred oral contraceptives.

EXCEPTIONS:

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

PREFERRED DRUG LIST:

- For online access to the Preferred Drug List (PDL), please go to <http://dch.georgia.gov/preferred-drug-lists>.



PA and APPEAL PROCESS:

- For online access to the PA process, please go to <http://dch.georgia.gov/prior-authorization-process-and-criteria> and click on Prior Authorization (PA) Request Process Guide.

QUANTITY LEVEL LIMITATIONS:

- For online access to the current Quantity Level Limits (QLL), please go to www.mmis.georgia.gov/portal, highlight Pharmacy and click on [Other Documents](#), then select the most recent quarters QLL List.