



ESTROGEN-PROGESTIN COMBINATIONS PA SUMMARY

PREFERRED	Femhrt Low-Dose (0.5/2.5), Jinteli (generic Femhrt 1/5)
NON-PREFERRED	Activella, Estradiol 1mg-Norethindrone Acetate 0.5mg (generic Activella)

LENGTH OF AUTHORIZATION: 1 Year

PA CRITERIA:

For Estradiol-Norethindrone Acetate

- ❖ Submit a written letter of medical necessity stating the reason(s) that brand-name Activella (which is non-preferred but does not require PA) 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 **Catamaran 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.