



**GEORGIA MEDICAID FEE-FOR-SERVICE
ESTROGEN MODIFIERS PA SUMMARY**

Preferred	Non-Preferred
<p><u>Preferred Estrogens:</u> Estradiol generic Estropipate generic Menest (esterified estrogens) Premarin (estrogens, conjugated)</p> <p><u>Preferred Estrogen/Progestin Combinations:</u> Angeliq (drospirenone/estradiol) Estradiol/norethindrone and all generics for Activella Femhrt Low Dose 0.5/2.5 (norethindrone/ethinyl estradiol) Jinteli and all generics for Femhrt 1/5 (norethindrone/ethinyl estradiol) Prefest (estradiol/norgestimate) Premphase (conjugated estrogens/medroxyprogesterone) Prempro (conjugated estrogens/medroxyprogesterone)</p> <p><u>Preferred Selective Estrogen Receptor Modulator (SERMs):</u> Raloxifene generic</p> <p><u>Preferred Topical Estrogens</u> Alora (estradiol transdermal patch) Climara Pro (estradiol/levonorgestrel transdermal patch) Combipatch (estradiol/norethindrone transdermal patch) Estradiol transdermal patch (generic Climara) Menostar (estradiol transdermal patch) Vivelle-Dot (estradiol transdermal patch)</p>	<p><u>Non-Preferred Estrogen/SERM Combinations:</u> Duavee (conjugated estrogens/bazedoxifene)</p> <p><u>Non-Preferred Estrogen/Progestin Combinations:</u> Norethindrone/ethinyl estradiol and all generics for Femhrt Low Dose</p> <p><u>Non-Preferred Topical Estrogens</u> Divigel (estradiol topical gel) Elestrin (estradiol topical gel) Estradiol transdermal patch (generic Vivelle-Dot) Evamist (estradiol topical spray solution) Minivelle (estradiol transdermal patch)</p>

LENGTH OF AUTHORIZATION: 1 year

PA CRITERIA:

Duavee

- ❖ Approvable for the prevention of postmenopausal osteoporosis in women with an intact uterus who have experienced ineffectiveness, allergies, contraindications, drug-drug interactions, or a history of intolerable side effects to Evista and the preferred bisphosphonate, generic alendronate.
- ❖ Approvable for the treatment of moderate to severe vasomotor symptoms associated with menopause in women with an intact uterus who have experienced ineffectiveness, allergies, contraindications, drug-drug interactions, or a history of intolerable side effects to at least two preferred estrogen or estrogen/progestin products.



Norethindrone/Ethinyl Estradiol and All Generics for Femhrt Low Dose

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

Divigel, Elestrin, Evamist and Minivelle

- ❖ Approvable for members who have experienced ineffectiveness or a history of intolerable side effects to two preferred estradiol transdermal patches.

Estradiol Transdermal Patch (generic Vivelle-Dot)

- ❖ Prescriber must submit a written letter of medical necessity stating the reasons at least two preferred products, one of which must be brand Vivelle-Dot, are 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 **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 www.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 Provider Information and click on Provider Manuals. Scroll to the page with Pharmacy Services and select that manual.