



## ORAL CONTRACEPTIVES PA SUMMARY

<b>PREFERRED</b>	<p>Generics unless otherwise noted          Estrostep FE          Generic Loestrin FE          Jolessa generic          Loestrin 24 FE          LoSeasonique          Ortho-Novum 7/7/7          Ortho Tri-Cyclen          Ortho Tri-Cyclen Lo          Quasense generic          Seasonique          Tri-Sprintec (generic Ortho Tri-Cyclen)</p>
<b>NON-PREFERRED</b>	<p>Amethia Lo (generic LoSeasonique)          Amethia (generic Seasonique)          Amethyst (generic Lybrel)          Beyaz          Camrese (generic Seasonique)          Camrese Lo (generic LoSeasonique)          Femcon FE (and all generics, such as Zeosa)          Generess FE          Quartette          Levonorgestrel/Ethinyl Estradiol (generic LoSeasonique)          Lo Loestrin FE          Minastrin 24 FE          Natazia          Necon 7/7/7 (generic Ortho-Novum 7/7/7)          Necon 1/50          Norinyl 1+50          Nortrel 7/7/7 (generic Ortho-Novum 7/7/7)          Ortho Evra          Ovcon-50          Safyral          Tilia FE (generic Estrostep FE)          Tri-Legest FE (generic Estrostep FE)          Yasmin (and all generics, such as Ocella and Zarah)          Yaz (and all generics, such as Gianvi)          Zovia 1/50E</p>

**LENGTH OF AUTHORIZATION:** 1 Year

**NOTE:** If Yaz is approved, the brand is preferred over generic Gianvi. If Femcon FE is approved, the brand is preferred over generic Zeosa. If Yasmin is approved, the brand is preferred over all generic formulations (ex. Ocella, Zarah).

**PA CRITERIA:**

*For Amethia Lo, Camrese Lo, or Levonorgestrel/Ethinyl Estradiol (generics for LoSeasonique)*

- ❖ Submit a written letter of medical necessity stating the reason(s) brand LoSeasonique (preferred medication) is not appropriate for the member.



*For Amethia or Camrese (generic Seasonique)*

- ❖ Submit a written letter of medical necessity stating the reason(s) brand Seasonique (preferred medication) is not appropriate for the member.

*For generic Estrostep FE (Tilia FE, Tri-Legest FE)*

- ❖ Submit a written letter of medical necessity stating the reason(s) brand Estrostep FE (preferred medication) is not appropriate for the member.

*For Lo Loestrin FE or Minastrin 24 FE*

- ❖ Submit a written letter of medical necessity stating the reason(s) generic Loestrin FE or Loestrin 24 FE (preferred medications) are not appropriate for the member.

*For Necon 7/7/7 and Notrel 7/7/7 (generics for Ortho-Novum 7/7/7)*

- ❖ Submit a written letter of medical necessity stating the reason(s) brand Ortho-Novum 7/7/7 (preferred medication) is not appropriate for the member.

*For Ortho Evra Patch*

- ❖ Member must be unable to swallow oral medications or must have had a history of intolerable side effects to at least two preferred oral contraceptives.

*For all other agents (Amethyst, Beyaz, Femcon FE [and generics], Generess FE, Natazia, Necon 1/50, Norinyl 1+50, Ovcon 50, Quartette, Safyral, Yasmin [and generics], Yaz [and generics], and Zovia 1/50E*

- ❖ Submit documentation of a history of 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 **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](http://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 Limits please go to [www.mmis.georgia.gov/portal](http://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.