

CONTRACEPTIVES PA SUMMARY

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

PA CRITERIA:

For Amethyst (generic Lybrel)

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

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-Ligest 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

- ❖ 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

- ❖ Approvable for members unable to swallow oral medications

OR

- ❖ Submit documentation of a history of intolerable side effects to at least two preferred oral contraceptives.

For Beyaz, Femcon FE, Generess FE, Gianvi (generic Yaz), Natazia, Necon 1/50, Norinyl 1+50, Ocella, Ovcon 50, Safyral, Yasmin, Yaz, Zarah, Zeosa, 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 **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 Limits 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.

