



PLAN B ONE-STEP PA SUMMARY

PREFERRED	Ella, Next Choice generic, Plan B One-Step
NON-PREFERRED	Next Choice One Dose

LENGTH OF AUTHORIZATION: One time only

PA CRITERIA:

Criteria for Next Choice One Dose

- ❖ Approvable for members less than 17 years of age
AND
- ❖ Time since unprotected sexual intercourse or known or suspected contraceptive failure must be 72 hours or less
AND
- ❖ Physician should submit a written letter of medical necessity stating the reason(s) that Plan B One Step is not appropriate for the member. Please note that Ella and Next Choice generic are preferred without prior authorization, in addition to Plan B One Step.

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.