



**GEORGIA MEDICAID FEE-FOR-SERVICE
CONTRACEPTIVES PA SUMMARY**

Preferred	Non-Preferred
Generics unless otherwise noted Alyacen, cyclafem, dasetta, necon, nortel, primella 7/7/7 and all generics Alyacen, cyclafem, dasetta, nortrel 1/35 and all generics Brevicon, cyclafem, nortrel 0.5/35 and all generics Estrostep FE Femcon FE Chew Generic Loestrin FE Gildess 24 fe, larin 24 fe and all generics EXCEPT junel 24 fe and lomedica 24 fe Jolessa generic Loestrin 24 FE LoSeasonique Norethindrone 0.35mg and all generics Nor-Q and all generics for Nor-QD Quasense generic Seasonique Trinessa lo genericTri-sprintec, tri-estaryll, tri-linyah, trinessa, tri-previfem and all generics Nuvaring	Amethia lo (generic LoSeasonique) Amethia (generic Seasonique) Amethyst Aranelle, leena and all generics for Tri-Norinyl Beyaz Camrese (generic Seasonique) Camrese Lo (generic LoSeasonique) Generess FE and all generics Levonorgestrel/ethinyl estradiol (generic LoSeasonique) Lo Loestrin FE Lo Minastrin FE Lomedica 24 FE and junel 24 fe onlyMinastrin 24 FE Natazia Necon 1/50 Norinyl 1+50 Ocella, Zarah and all generics for Yasmin Ortho Evra (and all generics, such as Xulane) Quartette Safyral Tilia FE (generic Estrostep FE) Tri-Legest FE (generic Estrostep FE) Wymza fe chew, zenchent fe chew, zeosa and all generics for Femcon FE Chew Yaz (and all generics, such as Gianvi) Tri-lo sprintec, tri-lo estarylla, tri-lo marzia and all generics for Ortho-Tri-Cyclen Lo EXCEPT trinessa lo Zovia 1/50E

LENGTH OF AUTHORIZATION: 1 Year

NOTE:

- ❖ If generics for Generess FE, Yaz, or Ortho Evra are approved, the PA will be issued for the brand product.

PA CRITERIA:

Amethia Lo, Camrese Lo, Levonorgestrel/Ethinyl Estradiol and all other generics for LoSeasonique

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

Amethia, Camrese and all other generics for Seasonique

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

Tilia FE, Tri-Legest FE and all other generics for Estrostep FE

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



Lo Loestrin FE, Lo Minastrin FE and Minastrin 24 FE

- ❖ Prescriber must submit a written letter of medical necessity stating the reasons the preferred products, generic Loestrin FE and Loestrin 24 FE, are not appropriate for the member.

Junel 24 FE and Lomedia 24 FE

- ❖ Prescriber must submit a written letter of medical necessity stating the reasons the preferred products, Gildess 24 FE and Larin 24 FE, are not appropriate for the member.

Ortho Evra, Xulane and all other generics for Ortho Evra

- ❖ Approvable for members that are unable to swallow oral medications or that have a history of intolerable side effects to at least two preferred oral contraceptives.

Tri-Lo Sprintec, Tri-Lo Estarylla, Tri-Lo Marzia and all generics for Ortho-Tri-Cyclen Lo EXCEPT Trinessa Lo

- ❖ Prescriber must submit a written letter of medical necessity stating the reasons the preferred products, brand Ortho-Tri-Cyclen Lo, are not appropriate for the member.

Wymza FE Chew, Zenchent FE Chew, Zeosa and all generics for Femcon FE Chew

- ❖ Prescriber must submit a written letter of medical necessity stating the reasons the preferred products, brand Femcon FE Chew, are not appropriate for the member.

All Other Agents

- ❖ Approvable for members with 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 **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 <http://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 Quantity Level Limits (QLL), please go to <https://www.mmis.georgia.gov/portal>, highlight Provider Information and click on Provider Manuals. Scroll to the page with Pharmacy Services and select that manual.

