

PHARMACY PRE-AUTHORIZATION CRITERIA



DRUG (S)	Oral Contraceptives
POLICY #	13125
INDICATIONS	Contraceptives in the form of pills, vaginal rings, or transdermal patches are used to prevent pregnancy and also to treat other medical conditions.
CRITERIA	<p>Criteria: **Prior authorization is required only for oral contraceptives for those members who <u>do not have oral contraceptive coverage</u> and for whom it is being prescribed for other medical reasons**</p> <p>ConnectiCare considers oral contraceptives containing estrogen and progestins may be considered medically necessary for non-contraceptive purposes for <u>treatment</u> of the following conditions:</p> <ol style="list-style-type: none"> 1) Dysfunctional uterine bleeding (hypermenorrhea, menorrhagia, oligomenorrhea) 2) Endometriosis 3) Polycystic ovary syndrome 4) Amenorrhea 5) Dysmenorrhea 6) Hormone replacement therapy 7) Acne (resistant to treatment) 8) Hyperandrogenism
LIMITATIONS	<p><u>This Document DOES NOT APPLY to Freedom Drug List Members (Connecticut Exchange members and most ConnectiCare SOLO Plan members)</u></p>
REFERENCES	Facts & Comparisons online
P&T REVIEW HISTORY	3/04, 6/07, 6/08, 9/09, 9/10, 12/11, 10/12, 10/13, 10/14, 11/15, 8/16, 8/17, 7/18
REVISION RECORD	