

Exception Criteria

Preventive Services Contraceptive Zero Copay Exception

Products Referenced by this Document

Drugs that are listed in the following table include both brand and generic and all dosage forms and strengths unless otherwise stated. Over-the-counter (OTC) products are not included unless otherwise stated.

Brand Name	Generic Name	Dosage Form
Health Care Reform Preventive Services Products	Contraceptives	all

Intent

The intent of the criteria is to allow the member to receive a \$0 member cost share for any Health Care Reform preventive services contraceptive product not already adjudicating at a \$0 member cost share when determined to be medically necessary for the member by the member's attending health care provider.

Coverage Criteria

Authorization may be granted at \$0 member cost share for the requested drug when the following criteria are met:

- The attending health care provider has determined the requested drug to be medically necessary for the patient as a preventive service

Reference number(s)
989-A

Duration of Approval (DOA)

- 989-A: DOA: 36 months