

Reference number(s) 989-A

# 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

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# **Duration of Approval (DOA)**

989-A: DOA: 36 months

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