

Reference number(s)

3740-A

## Initial Prior Authorization Non-Formulary Contraceptive Zero Copay Exception Colorado, New York Health Care Reform Preventive Services Products (Contraceptives)

## **Coverage Criteria**

Authorization may be granted for the requested drug when ONE of the following criteria are met:

- The covered therapeutic and pharmaceutical equivalent versions of the requested contraceptive drug, device, or product are NOT available
- The covered therapeutic and pharmaceutical equivalent versions of the requested contraceptive drug, device, or product are deemed medically inadvisable/inappropriate
- The attending health care provider has determined, in their reasonable professional judgment, that the use of the non-covered therapeutic or pharmaceutical equivalent of a contraceptive drug, device, or product listed is warranted

## **Duration of Approval (DOA)**

3740-A: DOA: 12 months

## References

- 1. State of New York Senate Bill 659. April 2019.
- 2. State of Colorado 23-E-07. May 2023.

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