

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.