

# 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

Allow a 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 is 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