pennsylvania
DEPARTMENT OF HUMAN SERVICES

Office of Medical Assistance Programs
Fee-for-Service, Pharmacy Division
Phone 1-800-537-8862 Fax 1-866-327-0191

CONTRACEPTIVES, ORAL PRIOR AUTHORIZATION FORM

Prior authorization guidelines for **Contraceptives, Oral** are accessible on the Department's Pharmacy Services website at http://www.dhs.pa.gov/provider/pharmacyservices/index.htm.

PRIOR AUTHORIZATION INFORMATION			PRESCRIBER INFORMATION	
☐New request	☐Renewal request	Total # of pages: _______	Prescriber name:	
Name of office contact:			Specialty:	
Contact's phone number:			NPI:	State license #:
BENEFICIARY INFORMATION			Street address:	
Beneficiary name:			Suite #:	City/state/zip:
Beneficiary ID#:		DOB:	Phone:	Fax:

CLINICAL INFORMATION

Non-preferred medication requested: ______________________________

Strength:	Dose/directions:	Quantity:	Refills:

Check all **preferred agents** in the list below that the beneficiary has tried or cannot try. *(EE = ethinyl estradiol)*
Submit supporting documentation of treatment outcomes, including contraindications or intolerances.

☐Altavera
☐Alyacen 1/35
☐Alyacen 7/7/7
☐Apri
☐Aranelle
☐Aubra
☐Aviane
☐Azurette
☐Bekyree
☐Blisovi Fe-28 1/20
☐Blisovi Fe-28 1.5/30
☐Camila
☐Caziant
☐Chateal
☐Cryselle
☐Cyclafem 1/35
☐Cyclafem 7/7/7
☐Cyred
☐Dasetta 1/35
☐Dasetta 7/7/7
☐Deblitane
☐desogestrel/EE 0.15/30
☐desogestrel/EE-28 21/2/5
☐Elinest
☐Emoquette
☐Enskyce
☐Enpresse
☐Errin
☐Estarylla
☐Falmina
☐Femynor
☐Generess Fe-28 chewable
☐Heather
☐Introvale 3-month
☐Isibloom
☐Jencycla
☐Jolessa 3-month
☐Jolivette
☐Juleber
☐Junel-21 1/20
☐Junel-21 1.5/30
☐Junel Fe-28 1/20
☐Junel Fe-28 1.5/30
☐Kariva
☐Kimidess
☐Kurlevo
☐Larin-21 1/20
☐Larin-21 1.5/30
☐Larin Fe-28 1/20
☐Larin Fe-28 1.5/30
☐Larissia
☐Leena
☐Lessina
☐Levonest
☐levonorgestrel/EE-28 0.1/20
☐levonorgestrel/EE-28 0.15/30
☐levonorgestrel/EE 3-month
☐levonorgestrel/EE triphasic
☐Levora
☐Lillow
☐LoSeasonique 3-month
☐Lutera
☐Lyza
☐Marlissa
☐Microgestin-21 1/20
☐Microgestin-21 1.5/30
☐Microgestin Fe-28 1/20
☐Microgestin Fe-28 1.5/30
☐Mono-Linyah
☐MonoNessa
☐Myzilra
☐Natazia
☐Necon 0.5/35
☐Necon 1/35
☐Necon 1/50
☐Nora-Be
☐norethindrone
☐norethindindrone/EE-21 1/20
☐norethindrone/EE Fe-28 1/20
☐norgestimate/EE-28 0.25/0.035
☐norgestimate/EE lo triphasic
☐norgestimate/EE triphasic
☐Norlyda
☐Nortrel-28 1/35
☐Nortrel 7/7/7
☐Orsythia
☐Ortho-Cyclen
☐Philith
☐Pimtrea
☐Pirmella 1/35
☐Pirmella 7/7/7
☐Portia
☐Previfem
☐Quasense 3-month
☐Reclipsen
☐Seasonique 3-month
☐Setlakin 3-month
☐Sharobel
☐Sprintec
☐Sronyx
☐Tarina Fe-28 1/20
☐Tri-Estarylla
☐Tri Femynor
☐Tri-Linyah
☐Tri-Lo-Estarylla
☐Tri-Lo-Marzia
☐Tri-Lo-Sprintec
☐TriNessa
☐TriNessa Lo
☐Tri-Previfem
☐Tri-Sprintec
☐Velivet
☐Vienva
☐Viorele
☐Vyfemla

PLEASE FAX COMPLETED FORM WITH REQUIRED CLINICAL DOCUMENTATION TO DHS – PHARMACY DIVISION

Prescriber Signature:	**Date**:

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