

## 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	
<input type="checkbox"/> New request	<input type="checkbox"/> Additional info	# of pages in request:	Prescriber name:	
<input type="checkbox"/> Renewal request	(PA# _____)	_____		
Name of office contact:			Specialty:	
Contact's phone number:			NPI:	State license #:
RECIPIENT INFORMATION			Street address:	
Recipient Name:			Suite #:	City/state/zip:
Recipient ID#:	DOB:	Phone:	Fax:	

### CLINICAL INFORMATION

**Non-preferred medication requested:** \_\_\_\_\_

Strength:	Dose/directions:	Quantity:	Refills:
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Check all preferred agents in the list below that the Recipient has tried or cannot try.

**Submit supporting documentation of treatment outcomes, including contraindications or intolerances.**

<p style="text-align: center;"><b>Low-dose monophasic 1<sup>st</sup> generation progestin</b></p> <input type="checkbox"/> Alyacen 1/35 <input type="checkbox"/> Blisovi Fe-28 1/20 <input type="checkbox"/> Blisovi Fe-28 1.5/30 <input type="checkbox"/> Cyclaferm 1/35 <input type="checkbox"/> Dasetta 1/35 <input type="checkbox"/> Gildess-21 1/20 <input type="checkbox"/> Gildess-21 1.5/30 <input type="checkbox"/> Gildess Fe-28 1/20 <input type="checkbox"/> Gildess Fe-28 1.5/30 <input type="checkbox"/> Junel-21 1/20 <input type="checkbox"/> Junel-21 1.5/30 <input type="checkbox"/> Junel Fe-28 1/20 <input type="checkbox"/> Junel Fe-28 1.5/30 <input type="checkbox"/> Larin-21 1/20 <input type="checkbox"/> Larin-21 1.5/30 <input type="checkbox"/> Larin Fe-28 1/20 <input type="checkbox"/> Larin Fe-28 1.5/30 <input type="checkbox"/> Microgestin Fe-28 1/20 <input type="checkbox"/> Microgestin Fe-28 1.5/30 <input type="checkbox"/> Necon 0.5/35 <input type="checkbox"/> Necon 1/35 <input type="checkbox"/> Necon 1/50 <input type="checkbox"/> norethindrone/EE-21 1/20 <input type="checkbox"/> norethindrone/EE Fe-28 1/20 <input type="checkbox"/> norethindrone/EE Fe-28 1.5/30 <input type="checkbox"/> Pirmella 1/35 <input type="checkbox"/> Tarina Fe-28 1/20 <input type="checkbox"/> Wymza Fe chewable <input type="checkbox"/> Zenchent Fe chewable	<p style="text-align: center;"><b>Low-dose monophasic 2<sup>nd</sup> generation progestin</b></p> <input type="checkbox"/> Altavera <input type="checkbox"/> Aubra <input type="checkbox"/> Aviane <input type="checkbox"/> Chateal <input type="checkbox"/> Cryselle <input type="checkbox"/> Delyla <input type="checkbox"/> Elinest <input type="checkbox"/> Falmina <input type="checkbox"/> Kurlevo <input type="checkbox"/> Lessina <input type="checkbox"/> levonorgestrel/EE 0.1/20 <input type="checkbox"/> levonorgestrel/EE 0.15/30 <input type="checkbox"/> Levora <input type="checkbox"/> Low-Ogestrel <input type="checkbox"/> Lutera <input type="checkbox"/> Marlissa <input type="checkbox"/> Orsythia <input type="checkbox"/> Portia <input type="checkbox"/> Sronyx <input type="checkbox"/> Vienna	<p style="text-align: center;"><b>Low-dose monophasic 3<sup>rd</sup> generation progestin</b></p> <input type="checkbox"/> Apri <input type="checkbox"/> Cyred <input type="checkbox"/> desogestrel/EE 0.15/30 <input type="checkbox"/> Emoquette <input type="checkbox"/> Enskyce <input type="checkbox"/> Estarylla <input type="checkbox"/> Juleber <input type="checkbox"/> Mono-Linah <input type="checkbox"/> MonoNessa <input type="checkbox"/> norgestimate/EE 0.25/0.035 <input type="checkbox"/> Ortho-Cyclen <input type="checkbox"/> Previfem <input type="checkbox"/> Reclipsen <input type="checkbox"/> Sprintec	<p style="text-align: center;"><b>Biphasic</b></p> <input type="checkbox"/> desogestrel/EE-28 21/2/5 <input type="checkbox"/> Necon-28 10/11
<p style="text-align: center;"><b>Triphasic</b></p> <input type="checkbox"/> Caziant <input type="checkbox"/> Cyclaferm 7/7/7 <input type="checkbox"/> Dasetta 7/7/7 <input type="checkbox"/> Levonest <input type="checkbox"/> levonorgestrel/EE triph. <input type="checkbox"/> Myzilra <input type="checkbox"/> Necon 7/7/7 <input type="checkbox"/> norgestimate/EE lo triph. <input type="checkbox"/> norgestimate/EE triph. <input type="checkbox"/> Tri-Estarylla <input type="checkbox"/> Tri-Linyah <input type="checkbox"/> Tri-Lo-Estarylla <input type="checkbox"/> Tri-Lo-Marzia <input type="checkbox"/> Tri-Lo-Sprintec <input type="checkbox"/> TriNessa <input type="checkbox"/> TriNessa Lo <input type="checkbox"/> Tri-Previfem <input type="checkbox"/> Tri-Sprintec <input type="checkbox"/> Velivet			
<p style="text-align: center;"><b>Progestin-only</b></p> <input type="checkbox"/> Deblitane <input type="checkbox"/> Lyza <input type="checkbox"/> norethindrone <input type="checkbox"/> Norlyroc <input type="checkbox"/> Sharobel			
<p style="text-align: center;"><b>24-day extended cycle</b></p> <input type="checkbox"/> Generess Fe chewable <input type="checkbox"/> Kaitlib Fe chewable <input type="checkbox"/> Microgestin 24 Fe			
<p style="text-align: center;"><b>3-month extended cycle</b></p> <input type="checkbox"/> LoSeasonique <input type="checkbox"/> Seasonique			

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

Prescriber Signature:	Date:
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