



## **Contraceptives Quantity Limit Program Summary**

Quantity limits apply to Medicaid.

## POLICY REVIEW CYCLE

**Effective Date**  
03-01-2024

**Date of Origin**  
09-01-2016

## FDA APPROVED INDICATIONS AND DOSAGE

See package insert for FDA prescribing information: <https://dailymed.nlm.nih.gov/dailymed/index.cfm>

## POLICY AGENT SUMMARY QUANTITY LIMIT

Target Brand Agent Name(s)	Target Generic Agent Name(s)	Strength	QL Amount	Dose Form	Day Supply	Duration	Addtl QL Info	Allowed Exceptions	Targeted NDCs When Exclusions Exist
1/20 ; Junel fe 1.5/30 ; Junel fe 1/20 ; Junel fe 24 ; Kaitlib fe ; Kalliga ; Kariva ; Kelnor 1/35 ; Kelnor 1/50 ; Kurvelo ; Larin 1.5/30 ; Larin 1/20 ; Larin 24 fe ; Larin fe 1.5/30 ; Larin fe 1/20 ; Larissa ; Layolis fe ; Leena ; Lessina ; Levonest ; Levora 0.15/30-28 ; Lillow ; Lo loestrin fe ; Lo-zumandimine ; Loestrin 1.5/30-21 ; Loestrin 1/20-21 ; Loestrin fe 1.5/30 ; Loestrin fe 1/20 ; Lojaimiess ; Loryna ; Loseasonique ; Low- ogestrel ; Lutera ; Marlissa ; Mibelas 24 fe ; Microgestin 1.5/30 ; Microgestin 1/20 ; Microgestin 24 fe ; Microgestin fe 1.5/30 ; Mili ; Minastrin 24 fe ; Mircette ; Mono- linskyah ; Natazia ; Necon 0.5/35-28 ; Necon 1/35 ; Nikki ; Nortrel 0.5/35 (28) ; Nortrel 1/35 ; Nortrel 7/7/7 ; Ocella ; Orsythia ; Ortho tri- cyclen lo ; Philith ; Pitmreac ; Pirmella 1/35 ; Pirmella 7/7/7 ; Portia-28 ; Previfem ; Quartette ; Reclipsen ; Rivilsa ; Safyral ; Seasonique ; Setlakin ; Simliya ; Simpesse ; Solia ; Sprintec 28 ; Sronyx ; Syeda ; Tarina 24 fe ; Tarina fe 1/20 ; Tarina fe 1/20 eq ; Taytulla ; Tilia fe ; Tri femynor ; Tri- estarrylla ; Tri-legest fe ; Tri-linskyah ; Tri- lo-estarrylla ; Tri-lo- marzia ; Tri-lo-mili ; Tri-lo-sprintec ; Tri- mili ; Tri-previfem ; Tri-sprintec ; Tri- vylibra ; Tri-vylibra lo ; Trinessa ; Trivora-28	norethindrone ac- ethinyl estrad-fe tab ; norethindrone ace & ethinyl estradiol tab ; norethindrone ace & ethinyl estradiol-fe tab ; norethindrone ace- eth estradiol-fe chew tab ; norethindrone ace-ethinyl estradiol- fe cap ; norethindrone ace- ethinyl estradiol-fe tab ; norethindrone- eth estradiol tab ; norgestimate & ethinyl estradiol tab ; norgestimate-eth estradiol tab ; norgestrel & ethinyl estradiol tab	MG-MCG ; 0.5-35 MG-MCG ; 0.5/0.75 /1-35 MG-MCG ; 0.5/1/0. 5-35 MG-MCG ; 0.8-25 MG-MCG ; 1 MG- 10 MCG / 10 MCG ; 1-20 MG-MCG ; 1-20 MG- MC(24 ) ; 1- 20/1- 30/1-35 MG-MCG ; 1-35 MG-MCG ; 1-50 MG-MCG ; 1.5-30 MG-MCG ; 3-0.02 MG ; 3- 0.02- 0.451 MG ; 3- 0.03 MG ; 3- 0.03- 0.451 MG ; 3- 14.2 MG ; 3/2- 2/2-3/1 MG ; 42-21- 21-7 DAYS ; 50- 30/75- 40/ 125-30 MCG ; 90-20 MCG							
Annovera	segesterone ace- ethinyl estradiol va- ring	0.013- 0.15 MG/24H R	1	System	365	DAYs			
Camila ; Deblitane ; Errin ; Heather ; Incassia ; Jencycla ; Lyleq ; Lyza ; Nora- be ; Norlyda ;	dospirenone tab ; norethindrone tab	0.35 MG ; 4 MG	28	Tablets	21	DAYs			

Target Brand Agent Name(s)	Target Generic Agent Name(s)	Strength	QL Amount	Dose Form	Day Supply	Duration	Addtl QL Info	Allowed Exceptions	Targeted NDCs When Exclusions Exist
Norlyroc ; Sharobel ; Slynd ; Tulana									
Eluryng ; Enilloring ; Haloette ; Nuvaring	etonogestrel-ethinyl estradiol vaginal ring	0.013-0.15 MG/24HR ; 0.12-0.015 MG/24HR	1	Ring	21	DAYS			
Twirla ; Xulane ; Zafemy	levonorgestrel-ethinyl estradiol transdermal patch ; norelgestromin-ethinyl estradiol transdermal patch	120-30 MCG/24 HR ; 150-35 MCG/24 HR	3	Patches	21	DAYS			

## CLIENT SUMMARY – QUANTITY LIMITS

Target Brand Agent Name(s)	Target Generic Agent Name(s)	Strength	Client Formulary
Afirmelle ; Altavera ; Alyacen 1/35 ; Alyacen 7/7/7 ; Amethia ; Amethyst ; Apri ; Aranelle ; Ashlynna ; Aubra ; Aubra eq ; Aurovela 1.5/30 ; Aurovela 1/20 ; Aurovela 24 fe ; Aurovela fe 1.5/30 ; Aurovela fe 1/20 ; Aviane ; Ayuna ; Azurette ; Balcoltra ; Balziva ; Beyaz ; Blisovi 24 fe ; Blisovi fe 1.5/30 ; Blisovi fe 1/20 ; Briellyn ; Camrese ; Camrese lo ; Caziant ; Chateau ; Chateau eq ; Cryselle-28 ; Cyclafem 1/35 ; Cyclafem 7/7/7 ; Cyred ; Cyred eq ; Dasetta 1/35 ; Dasetta 7/7/7 ; Daysee ; Delyla ; Elinest ; Emoquette ; Empresse-28 ; Enskyce ; Estarrylla ; Estrostep fe ; Falmina ; Fayosim ; Femynor ; Generess fe ; Hailey 1.5/30 ; Hailey 24 fe ; Introvalve ; Isibloom ; Jaimiess ; Jasmiel ; Jolessa ; Juleber ; Junel 1.5/30 ; Junel 1/20 ; Junel fe 1.5/30 ; Junel fe 1/20 ; Junel fe 24 ; Kaitlib fe ; Kalliga ; Kariva ; Kelnor 1/35 ; Kelnor 1/50 ; Kurvelo ; Larin 1.5/30 ; Larin 1/20 ; Larin 24 fe ; Larin fe 1.5/30 ; Larin fe 1/20 ; Larissa ; Layolis fe ; Leena ; Lessina ; Levonest ; Levora 0.15/30-28 ; Lilloow ; Lo loestrin fe ; Lo-zumandimine ; Loestrin 1.5/30-21 ; Loestrin 1/20-21 ; Loestrin fe 1.5/30 ; Loestrin fe 1/20 ; Lojaimiess ; Loryna ; Loseasonique ; Low-ogestrel ; Lutera ; Marliissa ; Mibelas 24 fe ; Microgestin 1.5/30 ; Microgestin 1/20 ; Microgestin 24 fe ; Microgestin fe 1.5/30 ; Mili ; Minastrin 24 fe ; Mircette ; Monolinyah ; Natazia ; Necon 0.5/35-28 ; Necon 1/35 ; Nikki ; Nortrel 0.5/35 (28) ; Nortrel 1/35 ; Nortrel 7/7/7 ; Ocella ; Orsythia ; Ortho tri-cyclen lo ; Philith ; Pitmreia ; Pirmella 1/35 ; Pirmella 7/7/7 ; Portia-28 ; Previfem ; Quartette ; Reclipsen ; Rivelsa ; Safyral ; Seasonique ; Setlakin ; Simliya ; Simpesse ; Solia ; Sprintec 28 ; Sronyx ; Syeda ; Tarina 24 fe ; Tarina fe 1/20 ; Tarina fe 1/20 eq ; Taytulla ; Tilia fe ; Trifemynor ; Tri-estarrylla ; Tri-legest fe ; Tri-linyah ; Tri-lo-estarrylla ; Tri-lo-marzia ; Tri-lo-mili ; Tri-lo-sprintec ; Trimili ; Tri-previfem ; Tri-sprintec ; Trivylitra ; Trivylibra lo ; Trinessa ; Trivora-28	desogest-eth estrad & eth estrad tab ; desogest-ethin est tab ; desogestrel & ethinyl estradiol tab ; drospirenone-estetrol tab ; drospirenone-ethinyl estrad-levomefolate tab ; drospirenone-ethinyl estradiol tab ; estradiol valerate-dienogest tab ; ethynodiol diacetate & ethinyl estradiol tab ; levonor-eth est tab ; levonorg-eth est tab ; levonorgestrel & ethinyl estradiol ( ; levonorgestrel & ethinyl estradiol chew tab ; levonorgestrel & ethinyl estradiol tab ; levonorgestrel-eth estra tab ; levonorgestrel-ethinyl estradiol (continuous) tab ; levonorgestrel-ethinyl estradiol-fe tab ; norethin-eth estradiol-fe tab ; norethindrone & ethinyl estradiol tab ; norethindrone & ethinyl estradiol-fe chew tab ; norethindrone ac-ethinyl estrad-fe tab ; norethindrone ace & ethinyl estradiol tab ; norethindrone ace & ethinyl estradiol-fe tab ; norethindrone ace-eth estradiol-fe chew tab ; norethindrone ace-ethinyl estradiol-fe cap ; norethindrone ace-ethinyl estradiol-fe tab ; norethindrone eth estradiol tab ; norgestimate & ethinyl estradiol tab ; norgestimate-eth estrad tab ; norgestrel & ethinyl estradiol tab	0.1-0.02 & 0.01 MG ; 0.1-20 MG-MCG ; 0.1-20 MG-MCG(21) ; 0.1/0.125/0.15-0.025 MG ; 0.15-0.02/0.01 MG (21/5) ; 0.15-0.03 & 0.01 MG ; 0.15-0.03 MG ; 0.15-30 MG-MCG ; 0.18/0.215/0.25 MG-25 MCG ; 0.18/0.215/0.25 MG-35 MCG ; 0.25-35 MG-MCG ; 0.3-30 MG-MCG ; 0.4-35 MG-MCG ; 0.5-35 MG-MCG ; 0.5/0.75/1-35 MG-MCG ; 0.5/1/0.5-35 MG-MCG ; 0.8-25 MG-MCG ; 1 MG-10 MCG / 10 MCG ; 1-20 MG-MCG ; 1-20 MG-MCG(24) ; 1-20/1-30/1-35 MG-MCG ; 1-35 MG-MCG ; 1-50 MG-MCG ; 1.5-30 MG-MCG ; 3-0.02 MG ; 3-0.02-0.451 MG ; 3-0.03 MG ; 3-0.03-0.451 MG ; 3-14.2 MG ; 3/2-2/2-3/1 MG ; 42-21-21-7 DAYS ; 50-30/75-40/ 125-30 MCG ; 90-20 MCG	Medicaid

Target Brand Agent Name(s)	Target Generic Agent Name(s)	Strength	Client Formulary
Annovera	segesterone ace-ethinyl estradiol va ring	0.013-0.15 MG/24HR	Medicaid
Camila ; Deblitane ; Errin ; Heather ; Incassia ; Jencycla ; Lyleq ; Lyza ; Norabe ; Norlyda ; Norlyroc ; Sharobel ; Synd ; Tulana	drosipреноне таб ; norethindrone tab	0.35 MG ; 4 MG	Medicaid
Eluryng ; Enilloring ; Haloette ; Nuvaring	etonogestrel-ethinyl estradiol va ring	0.013-0.15 MG/24HR ; 0.12-0.015 MG/24HR	Medicaid
Twirla ; Xulane ; Zafemy	levonorgestrel-ethinyl estradiol td ptwk ; noregestromin-ethinyl estradiol td ptwk	120-30 MCG/24HR ; 150-35 MCG/24HR	Medicaid

## QUANTITY LIMIT CLINICAL CRITERIA FOR APPROVAL

Module	Clinical Criteria for Approval
QL Standalone	<p><b>Quantity Limit for the Target Agent(s)</b> will be approved when ONE of the following is met:</p> <ol style="list-style-type: none"> <li>1. The requested quantity (dose) does NOT exceed the program quantity limit <b>OR</b></li> <li>2. The requested quantity (dose) exceeds the program quantity limit AND ONE of the following:             <ol style="list-style-type: none"> <li>A. BOTH of the following:                     <ol style="list-style-type: none"> <li>1. The requested agent does NOT have a maximum FDA labeled dose for the requested indication <b>AND</b></li> <li>2. Information has been provided to support therapy with a higher dose for the requested indication <b>OR</b></li> </ol> </li> <li>B. BOTH of the following:                     <ol style="list-style-type: none"> <li>1. The requested quantity (dose) does NOT exceed the maximum FDA labeled dose for the requested indication <b>AND</b></li> <li>2. Information has been provided to support why the requested quantity (dose) cannot be achieved with a lower quantity of a higher strength that does NOT exceed the program quantity limit <b>OR</b></li> </ol> </li> <li>C. BOTH of the following:                     <ol style="list-style-type: none"> <li>1. The requested quantity (dose) exceeds the maximum FDA labeled dose for the requested indication <b>AND</b></li> <li>2. Information has been provided to support therapy with a higher dose for the requested indication</li> </ol> </li> </ol> </li> </ol> <p><b>Length of Approval:</b> up to 12 months</p>