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UNIVERSITY

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Prior Authorization Criteria Update: ethinyl estradiol/segesterone (Annovera®)

Purpose of Update:

Hormonal birth control vaginal rings are available in both yearly¹ and monthly formulations. A quantity limit for the yearly product is proposed to limit waste associated with confusion between the formulations.

Recommendation:

- Implement coding audit for minimum of 300 days* at the pharmacy point of sale for all prescriptions of ethinyl estradiol/segesterone yearly vaginal ring.
- Require pharmacy point of sale override for any 1st refill of ethinyl estradiol/segesterone yearly vaginal ring in fewer than 300 days from previous prescription fill.
- Require quantity limit (**Appendix 1**) for any patient requesting 2nd refill within a 12-month time period.

*Will update to a minimum days supply once system change allows to prevent pharmacy-of-sale entry for shorter than one year

References:

1. **Annovera (segesterone acetate and ethinyl estradiol vaginal system) package insert. Boca Raton, FL: TherapeuticsMD, Inc.; Jan 2020.**

Appendix 1. Proposed Quantity Limit

Annovera® (segesterone acetate and ethinyl estradiol yearly vaginal system)

Goal(s):

- To reduce waste associated with confusion between monthly and yearly vaginal birth control ring systems.

Length of Authorization:

- Up to 11 months

Requires PA:

- Any 2nd refill request (3rd total request) within any 12 month time period at pharmacy point of sale.

Covered Alternatives:

- Current PMPDP preferred drug list per OAR 410-121-0030 at www.orpdl.org
- Searchable site for Oregon FFS Drug Class listed at www.orpdl.org/drugs/

Approval Criteria		
<p>1. Has the provider attested that the patient has been counseled on the appropriate use, storage, and duration of use of this product since the most recent prescription fill? (include date of counseling)</p> <p>Note: Product should be used continuously for 21 days followed by a 7 day ring free interval. One ring is effective for 13 total 28-day cycles (1 year).</p>	<p>Yes: Approve single ring for 11 months.</p> <p>Previous fill date_____</p> <p>Date of new counseling_____</p>	<p>No: Pass to RPh. Deny; medical appropriateness</p>

