

Non-formulary Contraceptive Coverage

Under The Affordable Care Act, coverage of certain preventive services, including contraceptives, must be provided without member cost share. If your prescriber believes that a non-formulary contraceptive is medically necessary for you, your prescriber may request an exception.

Contraceptive Exception Process

Have your provider contact CVS Caremark Prior Authorization Department for the appropriate exception form or download the [Preventive Services Contraceptive Zero Copay Exception](#) form from the CVS Caremark website. As part of the exception process, we will review the information submitted by your provider and determine if the requested service or product is medically necessary. If approved, the requested service or product will be covered at no cost share to you.

Processing Times for Contraceptive Exception Requests

- Exception requests are processed within **15 days** from receipt of the request.
- Requests deemed urgent by the member's prescriber are processed within **72 hours** from receipt of the request.
- For members covered under federal plans administered by the Office of Personnel Management (OPM), exception requests for contraceptive coverage will be processed within **24 hours** of receiving complete information.
- For members covered under a plan following State of Colorado regulations, exception requests for contraceptive coverage will be processed within **24 hours** of receiving complete information.
- For members covered under a plan following State of New York regulations, non-urgent contraceptive exception requests will be processed within **72 hours** of receipt of the request, and urgent contraceptive exception requests will be processed within **24 hours** of receipt of the request.

You and your prescriber will receive a written notification of the determination on your exception request and any additional information.