

Nextstellis (drospirenone-estetrol, oral)

Diagnoses Considered for Coverage:
<ul style="list-style-type: none">• Contraception
Coverage Criteria:
For prevention of pregnancy, approve if: <ul style="list-style-type: none">• Inadequate response or intolerable side effect with TWO preferred oral contraceptives, and• Dose not to exceed FDA label maximum.
Coverage Duration: length of benefit

Effective: 09/01/2021