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Benefit Exception Criteria

Contraceptives

DESCRIPTION

The intent of the Contraceptives Benefit Exceptions Criteria is to require prior authorization for those members who do not have contraceptives coverage to assess for and allow coverage if being used for a different approvable indication.

FDA-APPROVED INDICATIONS

Contraceptive Products

Oral contraceptives, transdermal contraceptives, Annovera, injectable medroxyprogesterone, intrauterine devices, and contraceptive vaginal rings are indicated for the prevention of pregnancy in women who elect to use these products as a method of contraception.

Heavy Menstrual Bleeding

Natazia and Mirena are also indicated for the treatment of heavy menstrual bleeding in women without organic pathology who choose to use an oral contraceptive or intrauterine contraception as their method of contraception.

Acne

Beyaz, Estrostep Fe, Ortho Tri-Cyclen, and Yaz are indicated for the treatment of moderate acne vulgaris in females at least 14 (Beyaz, Yaz) or 15 (Estrostep Fe, Ortho Tri-Cyclen) years of age, who have no known contraindications to oral contraceptive therapy and have achieved menarche and are unresponsive to topical anti-acne medications (Estrostep Fe). Beyaz, Estrostep Fe, Ortho-Tri-Cyclen, and Yaz should be used for the treatment of acne only if the patient desires an oral contraceptive for birth control.

Premenstrual Dysphoric Disorder (PMDD)

Beyaz and Yaz are indicated for the treatment of symptoms of premenstrual dysphoric disorder (PMDD) in women who choose to use an oral contraceptive as their method of contraception. The effectiveness of Beyaz and Yaz for PMDD when used for more than three menstrual cycles has not been evaluated. Beyaz and Yaz have not been evaluated for the treatment of premenstrual syndrome (PMS).

Folate Supplementation

Beyaz and Safyral are also indicated in women who choose to use an oral contraceptive as their method of contraception, to raise folate levels for the purpose of reducing the risk of a neural tube defect in a pregnancy conceived while taking the product or shortly after discontinuing the product.

Management of endometriosis-associated pain

Depo-subQ Provera 104 is indicated in females of reproductive age for the management of endometriosis-associated pain

Limitations of Use:

The use of depo-subQ Provera 104 is not recommended as a long-term (i.e., longer than 2 years) birth control method or medical therapy for endometriosis-associated pain unless other options are considered inadequate.

Compendial Uses

Dysfunctional Uterine Bleeding
Dysmenorrhea
Endometrial carcinoma
Endometrial hyperplasia
Endometriosis
Female Hirsutism
Mittelschmerz
Polycystic Ovary Disease
Premenstrual dysphoric disorder
Turner syndrome

POLICY

Prior authorization is only required for those members who do not have oral contraceptive coverage.

COVERAGE CRITERIA

The requested contraceptive will be covered with prior authorization when the following criteria are met:

- The patient has any of the following:
 - Acne vulgaris
 - Dysfunctional uterine bleeding (e.g., amenorrhea, hypermenorrhea, oligomenorrhea, polymenorrhea, menorrhagia, metrorrhagia, menometrorrhagia)
 - Dysmenorrhea
 - Endometrial carcinoma
 - Endometrial hyperplasia
 - Endometriosis
 - Hirsutism
 - Mittelschmerz
 - Polycystic ovary disease/Polycystic ovarian syndrome
 - Premenstrual dysphoric disorder
 - Turner syndrome

AND

- The requested medication is not being used for contraception or emergency contraception

OR

- The patient is taking a drug that should not be taken during or after pregnancy (e.g., isotretinoin, Revlimid, Ribavirin, Soriatane, Thalomid, etc.)

Approval is for 36 months.

CLINICAL RATIONALE

The intent of the criteria is to allow for the coverage of oral contraceptives, transdermal contraceptives, Annovera, injectable medroxyprogesterone, or contraceptive vaginal rings for medical conditions other than preventing pregnancy as noted in labeling, practice guidelines, and acceptable compendial uses. An exception will be made for patients receiving drugs that should not be taken during or after pregnancy (e.g., isotretinoin, Revlimid, Ribavirin, Soriatane, Thalomid, etc.). These criteria exclude uses where the labeling,

practice guidelines, or compendia state when the patient desires a contraceptive for birth control (e.g., acne).

The non-contraceptive health benefits related to the use of hormonal contraceptives are supported by epidemiological studies. The benefits are increased menstrual cycle regularity, decreased incidence of dysmenorrhea, decreased blood loss. The compendia and guidelines recommend using hormonal contraceptives for the treatment of dysmenorrhea, dysfunctional uterine bleeding, endometriosis, polycystic ovary disease, hirsutism, and premenstrual dysphoric disorder.

PROCEDURES AND BILLING CODES

To report provider services, use appropriate CPT* codes, Alpha Numeric (HCPCS level 2) codes, Revenue codes, and/or ICD diagnostic codes.

- No applicable codes

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POLICY HISTORY

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