

Policies Repository



Policy Title Contraceptive Agents

Policy Number FS.CLIN.23

Application of Pharmacy Policy is determined by benefits and contracts. Benefits may vary based on product line, group or contract. Some medications may be subject to precertification, age, gender or quantity edits. Individual member benefits must be verified.

This Pharmacy Policy document describes the status of pharmaceutical information and/or technology at the time the document was developed. Since that time, new information relating to drug efficacy, interactions, contraindications, dosage, administration routes, safety or FDA approval may have changed. If the Medical/Pharmacy Reviewer is aware of any new information on the subject of this document, please provide it promptly to the Medical/Pharmacy Policy Department. This information may include new FDA approved indications, withdrawals or other FDA alerts. This type of information is relevant not only when considering whether this Policy should be updated, but also when applying it to current requests for coverage.

Members are advised to use participating pharmacies in order to receive the highest level of benefits.

Policy **Contraceptive agents** are used to prevent pregnancy. Prescription contraceptive agents are covered for family planning when a member has either one of the following:

- A pharmacy benefit with the Company that includes contraceptive agents
- Enrollment in a group contract that has a state mandate for coverage of contraceptive agents

In all other instances, the use of contraceptive agents requires prior authorization (ie, clinical pharmacy and/or Medical Director review) when excluded from a member's pharmacy benefit. In addition to their use in pregnancy prevention, contraceptive agents have proved to be medically necessary in the treatment of a number of other conditions.

Policy Description

Contraceptive agents (ie, contraceptives) include estrogen-progestin combinations and progestin-only products and are indicated for the prevention of pregnancy. Contraceptives contain hormones that are used to prevent ovulation (the release of an egg from an ovary). Some contraceptives also are indicated for the treatment of other conditions including, but not limited to, the following:

- Acne
- Cyclic withdrawal bleeding (induction)
- Endometriosis
- Hypermenorrhea
- Hypogonadism
- Menorrhagia

Policy Guideline Inclusion	Contraceptive agents are approved when the following inclusion criteria is met: documentation of noncontraceptive use.
Policy Guideline Exclusion	Contraceptive agents are denied when the following exclusion criteria is present: no documentation of noncontraceptive use.
Policy List of Applicable Drugs	The Contraceptive Agents Policy applies to all oral, injectable, and transdermal contraceptive agents covered under the Pharmacy Benefit.
Dosing and Administration	Refer to the specific manufacturer's prescribing information for administration and dosage details, contraindications, and Black Box warnings.
Policy References	Facts & Comparisons 4.0. Endocrine and metabolic agents. [Facts & Comparisons Web site]. Available at: http://www.factsandcomparisons.com/efacts.asp [via subscription only]. Accessed January 26, 2009.
Policy Link to Related Policies	
Printed	03/02/2009 09:35:13

The Policy Bulletins on this web site were developed to assist Independence Blue Cross and its subsidiaries ("IBC") in administering the provisions of the respective benefit programs, and do not constitute a contract. If you are an IBC member, please refer to your specific benefit program for the terms, conditions, limitations and exclusions of your coverage. IBC does not provide health care services, medical advice or treatment, or guarantee the outcome or results of any medical services/treatments. The facility and professional providers are responsible for providing medical advice and treatment. Facility and professional providers are independent contractors and are not employees or agents of IBC. If you have a specific medical condition, please consult with your doctor. IBC reserves the right at any time to change or update its Policy Bulletins. © 2008 Independence Blue Cross. All Rights Reserved. Current Procedural Terminology © 2008 American Medical Association. All Rights Reserved.