

Drug Policy

Policy:	Contraceptives	Annual Review Date: 09/19/2024 Last Revised Date: 09/19/2024
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OVERVIEW

This prior authorization is intended for select groups who due to beliefs or coverage requirements exclude contraceptives for pregnancy prevention. The contraceptives are allowed for non-contraceptives use.

POLICY STATEMENT

This policy involves the use of Contraceptives. Prior authorization is recommended for pharmacy benefit coverage of contraceptives. Approval is recommended for those who meet the conditions of coverage in the **Criteria and Initial/Extended Approval** for the diagnosis provided. Prior authorization is recommended for pharmacy benefit coverage of contraceptive medication.

RECOMMENDED AUTHORIZATION CRITERIA

Coverage of contraceptives is recommended in those who meet the following criteria:

1. Patient is using contraceptives for a non-contraceptive indication.

Initial Approval/ Extended Approval.

A) *Initial Approval:* 1 year

B) *Extended Approval:* 1 year

Documentation Requirements:

The Company reserves the right to request additional documentation as part of its coverage determination process. The Company may deny reimbursement when it has determined that the drug provided or services performed were not medically necessary, investigational or experimental, not within the scope of benefits afforded to the member and/or a pattern of billing or other practice has been found to be either inappropriate or excessive. Additional documentation supporting medical necessity for the services provided must be made available upon request to the Company. Documentation requested may include patient records, test results and/or credentials of the provider ordering or performing a service. The Company also reserves the right to modify, revise, change, apply and interpret this policy at its sole discretion, and the exercise of this discretion shall be final and binding.