Contraceptives

**Policy Number**: 5.01.514  
**Last Review**: 10.2017  
**Origination**: 10.2002  
**Next Review**: 10.2018

**Policy**
Blue Cross and Blue Shield of Kansas City (Blue KC) will provide coverage for prescription contraceptives when the member's contract contains a benefit rider for contraception or when a contraceptive is determined to be medically necessary for treating a condition other than prevention of pregnancy.

**When Policy Topic is covered**
Contraceptive products require prior authorization only in the event that the member's contract excludes contraceptive coverage. Without contraceptive coverage, benefits are provided on a medical necessity basis only. This includes, but is not limited to acne vulgaris, endometriosis, dysfunctional uterine bleeding/dysmenorrheal/amenorrhea, perimenopause, ovarian cysts, polycystic ovarian syndrome, and prevention of ovarian and endometrial cancer.

If contraceptives are included benefit, a generic oral contraceptive product is required prior to a brand oral contraceptive.

**When Policy Topic is not covered**
Without a benefit rider in the member’s contract, contraceptives will not be covered for the prevention of pregnancy.

This policy addresses only contraceptives as mentioned above. For contraceptives used as hormone replacement due to gender transition or gender dysphoria, please refer to policy 7.01.508 Treatment of Gender Dysphoria.

**Considerations**
This Blue Cross and Blue Shield of Kansas City policy statement was developed using available resources such as, but not limited to: Food and Drug Administration (FDA) approvals, Facts and Comparisons, National specialty guidelines, Local medical policies of other health plans, Medicare (CMS), Local providers.

**Description of Procedure or Service**
Contraceptives are used for the prevention of pregnancy. The medications affected by this policy include, but are not limited to prescription oral, vaginal, injectable, transdermal, drug-releasing IUDs, and implantable contraceptives.

**Rationale**
Contraceptives containing estrogen and progestins have an efficacy rate of at least 90% in preventing pregnancy. They also have been shown to provide other noncontraceptive health benefits. [1,2]

**Acne Vulgaris [2]**
The anti-androgen combination of norgestimate and ethinyl estradiol decreases circulating androgens and raises sex hormone binding globulin which is known for improving acne.

**Endometriosis [8]**
The American College of Obstetricians and Gynecologists (ACOG) recommends medical management of endometriosis with oral contraceptives, progestins, danazol, nonsteroidal anti-inflammatory agents, and/or gonadotropin-releasing hormone (GnRH). Oral contraceptives control endometriosis by stabilizing the production of estrogen and progesterone to control the growth of endometrial tissue. They achieve this by inhibiting the release of the egg from the ovary, decrease blood loss during menstrual period, decrease backward flow into fallopian tubes and out of abdominal cavity. When used continuously, oral contraceptives will stop menstrual periods for long periods of time.

**Dysfunctional Uterine Bleeding/ Dysmenorrhea/Amenorrhea [3-7]**
Treatment of dysmenorrhea is a well-accepted off-label use for oral contraceptives. It is suggested that prostaglandin release during menstruation is reduced; therefore, NSAIDs are typically used to control symptoms. Oral contraceptives provide a balance between estrogen and progesterone in controlling dysfunctional uterine bleeding and are 90% effective in about 90% of patients with primary dysmenorrhea.

**Perimenopause [10-13]**
The most common treatment for perimenopause involves use of oral contraceptives or hormone replacement therapy. OCs can help decrease the number and severity of hot flashes, irritability, insomnia, and other symptoms. Prospective studies of perimenopausal women found that OC users can preserve bone mineral density, whereas bone loss has been observed in nonusers.

**Ovarian Cyst**
OCs help to reduce the formation of ovarian cysts. When ovulation is prevented, the chance of ovarian cysts forming is reduced (but not eliminated) and symptoms may be relieved.

**Polycystic Ovary Syndrome (PCOS) [9]**
OCs are typically the first line therapy for management of irregular bleeding in women with PCOS. Cyclic withdrawal of estrogen and progesterone leads to complete endometrial shedding and resolution of most abnormal bleeding. OCs also increase sex hormone binding globulin production causing decreased free testosterone, thus controlling acne and hirsutism which are side effects of PCOS.

**References**


**Billing Coding/Physician Documentation Information**

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
<th>Additional Information</th>
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</thead>
<tbody>
<tr>
<td>N/A</td>
<td>Oral, transdermal, and vaginal ring contraceptives are pharmacy benefits.</td>
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<tr>
<td>J1055</td>
<td>Medroxyprogesterone acetate for contraceptive use, 150mg (Depo-Provera)</td>
<td><em>(Code deleted effective 12/31/12) - see J3490</em></td>
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<tr>
<td>J7301</td>
<td>Levonorgestrel-releasing intrauterine contraceptive system, 13.5 mg (Skyla)</td>
<td></td>
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<tr>
<td>J7302</td>
<td>Levonorgestrel-releasing intrauterine contraceptive system, 52mg (Mirena)</td>
<td><em>(Code discontinued after December 31, 2015)</em></td>
</tr>
<tr>
<td>J7297</td>
<td>Levonorgestrel-releasing intrauterine contraceptive system, 52 mg, (Liletta) 3 year duration</td>
<td><em>(Code becomes effective 1/1/16)</em></td>
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<tr>
<td>J7298</td>
<td>Levonorgestrel-releasing intrauterine contraceptive system, 52 mg, (Mirena) 5 year duration</td>
<td><em>(Code becomes effective 1/1/16)</em></td>
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<tr>
<td>J7307</td>
<td>Etonogestrel implant, 68mg (Implanon) Etonogestrel (contraceptive) implant system, including implant and supplies (Code Price is per 1 implant system)</td>
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**Additional Policy Key Words**

<table>
<thead>
<tr>
<th>Policy number</th>
<th>5.01.514</th>
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<tbody>
<tr>
<td>Policy number</td>
<td>7.01.508</td>
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**Policy Implementation/Update Information**

- **10/2002** New policy Contraceptives.
- **10/2003** No policy statement changes.
- **10/2004** No policy statement changes.
- **10/2005** "Acne vulgaris, endometriosis, dysfunctional uterine bleeding/dysmenorrhea/amenorrhea, perimenopause, ovarian cysts, polycystic ovarian syndrome, and prevention of ovarian and endometrial cancer" was added to the policy statement. "Estrogen replacement therapy, menstrual disorders (painful menstruation, abnormal or absence of bleeding), endometriosis, acne, ovarian cysts, etc" was removed from policy statement.
- **10/2006** No policy statement changes.
- **10/2007** No policy statement changes.
- **10/2008** No policy statement changes.
- **10/2009** No policy statement changes.
- **10/2010** No policy statement changes.
- **10/2011** No policy statement changes.
- **10/2012** No policy statement changes.
- **10/2013** No policy statement changes.
- **10/2014** No policy statement changes.
- **10/2015** No policy statement changes.
- **12/2015** Updated J-Codes
10/2016   No policy statement changes
12/2016   Added referral to policy 7.01.508 Treatment of Gender Dysphoria
10/2017   Annual review- no changes to policy statement

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