Kansas City

An Independent Licensee of the Blue Cross and Blue Shield Association

Contraceptives

Policy Number: 5.01.514
Origination: 10.2002
Last Review: 10.2018
Next Review: 10.2019

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 horomone (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 dysmenorrheal.

Perimenpause [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

1. USP-DI® Drug Information for the Health Care Professional, 24th Edition, 2004
2. The Medical Letter Vol. 42 (Issue 1078) May 15, 2000, p.42-45.
Obstet Gynecol 1997;89(6):1028-30.
3. Robinson JC et al. "Dysmenorrhea and use of oral contraceptives in adolescent women attending a family planning clinic." *Am J Obstet Gynecol* 1992 Feb;166(2):578-83.
4. Jacobson J et al. "Naproxen in the treatment of OC-resistant primary dysmenorrhea." *Acta Obstet Gynecol Scand* 1983;Suppl 113:87-9.
5. Chan WY et al. "Prostaglandins in primary dysmenorrhea: comparison of prophylactic and nonprophylactic treatment with ibuprofen and use of oral contraceptives." *Am J Med* 1981 Mar;70(3):535-41.
6. Nabrink M et al. "Modern oral contraceptives and dysmenorrhea." *Contraception* 1990;42(3):275-83.
7. Dawood MY et al. "Dysmenorrhea." *Clin Obstet Gynecol* 1990;33(1):168-78.
8. ACOG practice bulletin. "Medical management of endometriosis." Number 11, December 1999 (replaces Technical Bulletin Number 184, September 1993). Clinical management guidelines for obstetrician-gynecologists. *Int J Gynaecol Obstet* - 01-Nov-2000; 71(2): 183-96.
9. Goudas VT et al. "Polycystic Ovary Syndrome" 1997;26(4):893-912.
10. Casper RF et al. "The effects of 20mug ethinyl estradiol/1mg norethindrone acetate (Minestrin), a low dose oral contraceptive, on vaginal bleeding patterns, hot flashes, and

quality of life in symptomatic perimenopausal women." *Menopause* 1997;4:139-47.
11. Shargil AA. "Hormone replacement therapy in perimenopausal women with a triphasic contraceptive compound: a three-year prospective study." *Int J Fertil* 1985;30:15-28.
12. Gambacciani M et al. "Hormone replacement therapy in perimenopausal women with a low dose oral contraceptive preparation: effects on bone mineral density and metabolism." *Maturitas* 1994;19:125-31.
13. Michaelsson K et al. "Oral-contraceptive use and risk of hip fracture: a case-control study." *Lancet* 1999;353:1481-4.

Billing Coding/Physician Documentation Information

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

Additional Policy Key Words

Policy number	5.01.514
Policy number	7.01.508

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/dysmenorrheal/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
10/2018	No changes made