



UnitedHealthcare Pharmacy
Clinical Pharmacy Programs

Program Name	2018 P 1022-6
Program	Prior Authorization/Notification - Contraceptives
Medication	Contraceptive Medications: medroxyprogesterone acetate (Depo-Provera [®]), etonogestrel/ethinyl estradiol (NuvaRing [®]), Oral Contraceptives, norelgestromin/ethinyl estradiol (OrthoEvra [®])
P&T Approval Date	1/08, 4/09, 10/09, 11/10, 11/2011, 11/2012, 10/2013, 10/2014, 10/2015, 10/2016, 10/2017, 10/2018
Effective Date	2/1/2019; Oxford: N/A

1. Background:

This program is designed for clients who are grandfathered and/or designated a Religious Exempt organization per the Patient Protection and Affordable Care Act and would like to exclude contraceptive products for contraception purposes.

2. Coverage Criteria:

A. Contraceptive medications will be approved based on the following criterion:

1. Patient is using the medication for non-contraception purposes. Examples include:
 - a. Abnormal or excessive bleeding disorders (e.g.-Amenorrhea, oligomenorrhea, menorrhagia, dysfunctional uterine bleeding)
 - b. Acne
 - c. Decrease in bone mineral density
 - d. Dysmenorrhea
 - e. Endometriosis
 - f. Hirsutism
 - g. Irregular menses/cycles
 - h. Ovarian cysts
 - i. Perimenopausal symptoms
 - j. History of Pelvic Inflammatory Disease (PID)
 - k. Polycystic Ovarian Syndrome (PCO or PCOS)
 - l. Premenstrual Syndrome (PMS)
 - m. Premenstrual Dysphoric Disorder (PMDD)
 - n. Prevention of endometrial and/or ovarian cancer
 - o. Prevention of menstrual migraines
 - p. Turner's syndrome
 - q. Uterine fibroids or adenomyosis

Authorization will be issued for 12 months



- 3. **Additional Clinical Programs:**
N/A

- 4. **Reference:**
N/A

Program	Prior Authorization/Notification - Contraceptive Medications
Change Control	
10/2013	Annual review. No changes to criteria. Added examples of indications other than contraception.
10/2014	Annual review. Increased authorization approval to 60 months.
10/2015	Annual review. Updated format. Added disclaimer to the background section.
10/2016	Updated the authorization to 12 months.
10/2017	Annual review. No changes.
10/2018	Annual review. No changes.