

Policy Name:	Contraceptive Coverage Under Preventive Health Services in Wellness Benefit	Policy #:	1910P
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Purpose of the Policy

To provide guidelines for coverage of FDA-approved contraceptives included in preventive services for persons with reproductive capacity in the Wellness benefit.

Statement of the Policy

Health Alliance Medical Plans cover FDA-approved contraceptives with the following criteria and limitations.

Procedures

- 1. Coverage of FDA-Approved Prescription Contraceptives as Part of the Preventive Benefit for Non-Washington Plans**
 - 1.1 At least one therapeutic equivalent version of each contraceptive product will be covered with no member cost share at an in-network pharmacy.
 - Therapeutic equivalents are approved by the FDA as safe and effective and contain identical amounts of the same active drug ingredient in the same dosage form and route of administration.
 - 1.2 Products covered with no member cost-share under the medical benefit
 - Nexplanon
 - IUDs with progestin and copper IUDs
 - 1.3 One type of contraceptive product is covered per month.
 - 1.4 Coverage may be for up to a 12 month supply of contraceptive at one time
- 2. Coverage of FDA-Approved Over-the-Counter Contraceptives as Part of the Preventive Benefit for Non-Washington Plans**
 - 2.1 Over-the-counter contraceptives approved by the FDA (female condoms, sponges, and spermicides) will be covered with no member cost share at an in-network pharmacy.
 - 2.2 Coverage is limited to one package per month.
 - 2.3 One type of contraceptive product is covered per month.
 - 2.4 A prescription is required for coverage of over-the-counter contraceptive products under the Preventive Benefit.
- 3. Emergency Contraception for Non-Washington Plans**
 - 3.1 Emergency contraceptives are covered at zero member cost share
 - Includes levonorgestrel and ulipristal acetate
 - Includes over-the-counter emergency contraceptive products
 - 3.2 Prescription is required for coverage under the Preventive Benefit
- 4. Coverage of Brand Name Contraceptives for Non-Washington Plans**
 - 4.1 Unless otherwise stated in this policy, brand name contraceptives which have a generic equivalent are covered at the appropriate member cost share and with quantity restrictions according to member plan design.
 - 4.2 Provider may submit documentation of medical necessity in order for member to receive the

non-preferred product at zero cost share.

4.3 If approved, coverage may be for up to a 12 month supply of contraceptive at one time.

5. Washington State-Based Plans Contraceptive Coverage as Part of the Preventive Benefit

5.1 All FDA-approved contraceptives are covered under the Preventive Benefit with no utilization management.

- Brand name contraceptive products are covered with no member cost share.
- Documentation of medical necessity is not required for zero cost share coverage of brand name contraceptive products.
- Coverage may be for up to a 12 month supply of contraceptive at one time.

5.2 All FDA-approved over-the-counter contraceptives are covered on the Preventive Benefit.

- A prescription is not required for zero cost share coverage of over-the-counter contraceptive products.
- Male condoms are covered under the Preventive Benefit.

5.3 Emergency contraceptives are covered at zero member cost share

- Prescription is NOT required for coverage of emergency contraception under the Preventive Benefit

References

1. Illinois Coverage for Contraceptives. 215 ILCS 5/356z.4 (2019).
<https://www.ilga.gov/legislation/ilcs/documents/021500050K356z.4.htm>
2. Washington Required reproductive health care coverage—Restrictions on copayments, deductibles, and other form of cost sharing. RCW 48.43.072 <https://app.leg.wa.gov/RCW/default.aspx?cite=48.43.072>

Created Date: 06/06/12

Effective Date: 06/06/12

Posted to Website: 01/01/2022

Revision Date: 01/01/2024

DISCLAIMER

This Medical Policy has been developed as a guide for determining medical necessity. The process of medical necessity review also entails review of the most recent literature and physician review. Medical Policy is not intended to dictate to providers how to practice medicine. Providers are expected to exercise their medical judgment in providing the most appropriate care. Health Alliance encourages input from providers when developing and implementing medical policies. Benefit determinations are based on applicable contract language in the member's Policy/ Subscription Certificate/ Summary Plan Description. This Medical Policy does not guarantee coverage. There may be a delay between the revision of this policy and the posting on the web. Please contact the Health Alliance Customer Service Department at 1-800-851-3379 for verification of coverage.