

**POLICY NAME**

Contraceptive Coverage Under Preventive Health

**POLICY #**

1910P

## Criteria

### 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

### 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.

### 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

## 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 References 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.

## 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