

Clinical Policy: Contraceptives, Oral

Reference Number: PHW.PDL.242

Effective Date: 01/01/2020

Last Review Date: 11/2023

[Revision Log](#)

Policy/Criteria

Provider must submit documentation (such as office chart notes, lab results or other clinical information) supporting that member has met all approval criteria.

It is the policy of PA Health & Wellness[®] that Oral Contraceptives are **medically necessary** when the following criteria are met:

I. Requirements for Prior Authorization of Contraceptives, Oral

A. Prescriptions That Require Prior Authorization

All prescriptions for a non-preferred Contraceptive, Oral must be prior authorized.

B. Review of Documentation for Medical Necessity

In evaluating a request for prior authorization of a prescription for a non-preferred Contraceptive, Oral the determination of whether the requested prescription is medically necessary will take into account whether the recipient:

1. Has a history of therapeutic failure of or a contraindication or an intolerance of the preferred Contraceptives, Oral.

NOTE: If the recipient does not meet the clinical review guidelines listed above but, in the professional judgment of the physician reviewer, the services are medically necessary to meet the medical needs of the recipient, the request for prior authorization will be approved.

C. Clinical Review Process

Prior authorization personnel will review the request for prior authorization and apply the clinical guideline in Section B.1 above to assess the medical necessity of the request for a prescription for a non-preferred Oral Contraceptive. If the guideline in Section B.1 is met, the reviewer will prior authorize the prescription. If the guideline is not met, the prior authorization request will be referred to a physician reviewer for a medical necessity determination. Such a request for prior authorization will be approved when, in the professional judgment of the physician reviewer, the services are medically necessary to meet the medical needs of the recipient.

D. Approval Duration: 12 months

| Reviews, Revisions, and Approvals | Date |
|--|-------------|
| Policy created | 01/01/2020 |
| Q3 2020 annual review: no changes. | 07/2020 |
| Q1 2021 annual review: no changes. | 01/2021 |
| Q3 2022: Updated wording per DHS | 07/2022 |
| Q1 2023 annual review: no changes. | 11/2022 |
| Q1 2024 annual review: no changes. | 11/2023 |