



Drug Coverage Policy

Effective Date.....07/01/2025

Coverage Policy Number IP0036

Policy Title.....Contraceptives

Contraceptives

- Annovera® (ethinyl estradiol 13 µg/day – 21 days, segesterone acetate 0.15 mg /day – 21 days - Mayne)
- Balcoltra™ (ethinyl estradiol 20 µg – 21 days, levonorgestrel 0.1 mg – 21 days – Avion)
- Beyaz® (ethinyl estradiol 20 µg – 24 days, drospirenone 3 mg – 24 days – Bayer)
- Depo-Provera™ (medroxyprogesterone acetate intramuscular injection - Pfizer, generics)
- Femlyv™ (ethinyl estradiol 20 µg – 24 days, norethindrone acetate 1 mg – 24 days - Millicent)
- Generess™ FE (ethinyl estradiol 25 µg – 24 days, norethindrone acetate 0.8 mg – 24 days – Allergan)
- Layolis™ FE (ethinyl estradiol 25 µg – 24 days, norethindrone acetate 0.8 mg – 24 days – Actavis)
- Loestrin® 1/20 (ethinyl estradiol 20 µg – 21 days, norethindrone acetate 1 mg – 21 days - Teva Women's Health)
- Loestrin® 1.5/30 (ethinyl estradiol 30 µg – 21 days, norethindrone acetate 1.5 mg – 21 days - Teva Women's Health)
- Loestrin® FE 1/20 (ethinyl estradiol 20 µg – 21 days, norethindrone acetate 1 mg – 21 days - Teva Women's Health)
- Loestrin® FE 1.5/30 (ethinyl estradiol 30 µg – 21 days, norethindrone acetate 1.5 mg – 21 days - Teva Women's Health)
- Lo Loestrin® FE (ethinyl estradiol 10 µg – 24 days, ethinyl estradiol 10 µg – 2 days, norethindrone acetate 1 mg – 24 days – Allergan)
- Minastrin™ 24 FE (ethinyl estradiol 20 µg – 24 days, norethindrone acetate 1 mg – 24 days – Allergan)
- Mircette® (ethinyl estradiol 20 µg – 21 days, ethinyl estradiol 10 µg – 5 days, desogestrel 150 µg – 21 days - Teva Women's Health)
- Natazia™ (estradiol valerate 3 mg – 2 days, estradiol valerate 2 mg – 5 days, estradiol valerate 2 mg – 17 days, estradiol valerate 1 mg – 2 days, dienogest 2 mg – 5 days, dienogest 3 mg – 17 days – Bayer)
- Nextstellis® (Esetrol 14.2 mg – 24 days, drospirenone 3 mg – 24 days – Mayne)
- NuvaRing® (ethinyl estradiol 15 µg/day – 21 days, etonogestrel 120 µg/day – 21 days – Organon)
- Quartette™ (ethinyl estradiol 20 µg – 42 days, ethinyl estradiol 25 µg – 21 days, ethinyl estradiol 30 µg – 21 days, ethinyl estradiol 10 µg – 7 days, levonorgestrel 150 µg – 84 days - Teva Women's Health)
- Safyral™ (ethinyl estradiol 30 µg – 21 days, drospirenone 3 mg – 21 days - Bayer)
- Seasonique® (ethinyl estradiol 30 µg – 84 days, ethinyl estradiol 10 µg – 7 days, levonorgestrel 150 µg – 84 days - Teva Women's Health)
- Slynd™ (drospirenone 4 mg – 24 days – Exeltis)

- Taytulla™ (norethindrone/ethinyl estradiol/ferrous fumarate - Allergan)
- Twirla® patch (ethinyl estradiol 30 µg – 21 days, levonorgestrel 120 µg – 21 days – Agile)
- Tyblume (ethinyl estradiol 20 µg – 14 days, levonorgestrel 0.1 mg – 21 days – Exeltis)
- Yasmin® (ethinyl estradiol 30 µg – 21 days, drospirenone 3 mg – 21 days – Bayer)
- Yaz® (ethinyl estradiol 20 µg – 24 days, drospirenone 3 mg – 24 days – Bayer)

INSTRUCTIONS FOR USE

The following Coverage Policy applies to health benefit plans administered by Cigna Companies. Certain Cigna Companies and/or lines of business only provide utilization review services to clients and do not make coverage determinations. References to standard benefit plan language and coverage determinations do not apply to those clients. Coverage Policies are intended to provide guidance in interpreting certain standard benefit plans administered by Cigna Companies. Please note, the terms of a customer's particular benefit plan document [Group Service Agreement, Evidence of Coverage, Certificate of Coverage, Summary Plan Description (SPD) or similar plan document] may differ significantly from the standard benefit plans upon which these Coverage Policies are based. For example, a customer's benefit plan document may contain a specific exclusion related to a topic addressed in a Coverage Policy. In the event of a conflict, a customer's benefit plan document always supersedes the information in the Coverage Policies. In the absence of a controlling federal or state coverage mandate, benefits are ultimately determined by the terms of the applicable benefit plan document. Coverage determinations in each specific instance require consideration of 1) the terms of the applicable benefit plan document in effect on the date of service; 2) any applicable laws/regulations; 3) any relevant collateral source materials including Coverage Policies and; 4) the specific facts of the particular situation. Each coverage request should be reviewed on its own merits. Medical directors are expected to exercise clinical judgment where appropriate and have discretion in making individual coverage determinations. Where coverage for care or services does not depend on specific circumstances, reimbursement will only be provided if a requested service(s) is submitted in accordance with the relevant criteria outlined in the applicable Coverage Policy, including covered diagnosis and/or procedure code(s).

Reimbursement is not allowed for services when billed for conditions or diagnoses that are not covered under this Coverage Policy (see "Coding Information" below). When billing, providers must use the most appropriate codes as of the effective date of the submission. Claims submitted for services that are not accompanied by covered code(s) under the applicable Coverage Policy will be denied as not covered. Coverage Policies relate exclusively to the administration of health benefit plans. Coverage Policies are not recommendations for treatment and should never be used as treatment guidelines. In certain markets, delegated vendor guidelines may be used to support medical necessity and other coverage determinations.

Overview

Preventive care services are covered as required by the Affordable Care Act (ACA). The ACA designated resources that identify preventive services required for coverage are:¹

- United States Preventive Services Task Force (USPSTF) grade A or B recommendations
- Advisory Committee on Immunization Practices (ACIP) recommendations adopted by the Director of the Center for Disease Control and Prevention (CDC)
- Health Resources and Services Administration (HRSA)

The ACA states reasonable medical management techniques may be used to determine coverage limitations if a recommendation or guideline does not specify the frequency, method, treatment, or setting for the provision of a recommended preventive service. Reasonable medical management techniques may include precertification, concurrent review, claim review, or similar practices to determine coverage limitations under the plan. These established reasonable medical management techniques and practices may be utilized to determine frequency, method, treatment or setting for the provision of a recommended preventive service. 3

Some clients have made the decision not to cover medications used for the prevention of pregnancy (contraception). However, oral contraceptives have been used to treat a variety of medical conditions in addition to their use for contraception. Estrogen and progestin contraceptives have been used for the management of acne vulgaris, amenorrhea, dysmenorrhea, dysfunctional uterine bleeding, endometriosis or endometriosis-associated pain, hirsutism, menorrhagia, irregular menses, prevention of menstrual migraine or headache, polycystic ovarian syndrome, ovarian cysts, and premenstrual dysphoric disorder.¹⁻⁴ Other dosage forms of estrogen and/or progestin would be expected to be useful for these other medical conditions as well.

Coverage Policy

Policy Statement

Prior Authorization is required for prescription benefit coverage of contraceptives. All approvals are provided for the duration noted below.

Cigna covers Contraceptives per the Patient Protection and Affordable Care Act (PPACA), Health Resources and Services Administration (HRSA) Guidelines, and Public Health Service (PHS) Act section 2713.

Coverage criteria are listed for products **in below table(s)**:

All products are approved for a duration of 12 months unless otherwise noted.

Employer Plans:

Product	Criteria
Annovera (ethinyl estradiol/ segesterone)	<p><u>Standard/Performance/Value/Advantage/Total Savings Drug List Plans:</u></p> <p>Patient meets ONE of the following (1 <u>or</u> 2):</p> <ol style="list-style-type: none"> For uses other than the prevention of pregnancy AND the patient has tried three other contraceptive agents (e.g., oral contraceptives tablets, Twirla [contraceptive patch], Xulane [contraceptive patch], Eluryng [contraceptive vaginal ring], etonogestrel-ethinyl estradiol ring [contraceptive vaginal ring], NuvaRing [contraceptive vaginal ring]); Note: A trial of the three different oral contraceptive agents would meet the requirement. For the prevention of pregnancy AND the requested non-formulary drug is being prescribed primarily for the prevention of pregnancy and other oral contraceptive agents would not be as medically appropriate for the patient as the requested non-formulary drug

Product	Criteria
Balcoltra (ethinyl estradiol/ levonorgestrel)	<p><u>Standard/Performance/Value/Advantage/ Total Savings Drug List Plans:</u></p> <p>Patient meets ONE of the following (1 <u>or</u> 2):</p> <ol style="list-style-type: none"> 1. For uses other than the prevention of pregnancy AND the patient has tried the bioequivalent generic product AND cannot take due to a formulation difference in the inactive ingredient(s) [for example, difference in dyes, fillers, preservatives] between the brand and the bioequivalent generic product which, per the prescriber, would result in a significant allergy or serious adverse reaction. 2. For the prevention of pregnancy AND the requested non-formulary drug is being prescribed primarily for the prevention of pregnancy and the bioequivalent generic product would not be as medically appropriate for the patient as the requested non-formulary drug.
Beyaz (ethinyl estradiol/ drospirenone/ levomefolate)	<p><u>Standard/Performance/Value/Advantage/Total Savings Drug List Plans:</u></p> <p>Patient meets ONE of the following (1 <u>or</u> 2):</p> <ol style="list-style-type: none"> 1. For uses other than the prevention of pregnancy AND the patient has tried the bioequivalent generic product AND cannot take due to a formulation difference in the inactive ingredient(s) [for example, difference in dyes, fillers, preservatives] between the brand and the bioequivalent generic product which, per the prescriber, would result in a significant allergy or serious adverse reaction. 2. For the prevention of pregnancy AND the requested non-formulary drug is being prescribed primarily for the prevention of pregnancy and the bioequivalent generic product would not be as medically appropriate for the patient as the requested non-formulary drug.
Depo-Provera (medroxyprogester- one)	<p><u>Total Savings Drug List Plans:</u></p> <p>Patient meets ONE of the following (1 <u>or</u> 2):</p> <ol style="list-style-type: none"> 1. For uses other than the prevention of pregnancy AND the patient has tried medroxyprogesterone acetate 150 mg injectable suspension 2. For the prevention of pregnancy AND the requested non-formulary drug is being prescribed primarily for the prevention of pregnancy and the medroxyprogesterone acetate 150 mg would not be as medically appropriate for the patient as the requested non-formulary drug.
Femlyv (ethinyl estradiol/ norethindrone acetate)	<p><u>Standard/Performance/Value/Advantage/ Total Savings/Legacy Drug List Plans:</u></p> <p>Patient meets ONE of the following (1 <u>or</u> 2):</p> <ol style="list-style-type: none"> 1. For uses other than the prevention of pregnancy AND the patient meets ONE of the following (a or b): <ol style="list-style-type: none"> a. The patient has tried four other oral contraceptive agents. b. The patient is unable to swallow tablets or has difficulty swallowing tablets, approve if the patient has tried one oral

Product	Criteria
	<p>chewable birth control product (For example, Mibelas, Charlotte, Kaitlib).</p> <p>2. For the prevention of pregnancy AND the requested non-formulary drug is being prescribed primarily for the prevention of pregnancy and other oral contraceptive agents would not be as medically appropriate for the patient as the requested non-formulary drug</p>
<p>Generess FE (ethinyl estradiol/ norethindrone)</p>	<p><u>Total Savings Drug List Plans:</u></p> <p>Patient meets ONE of the following (1 <u>or</u> 2):</p> <ol style="list-style-type: none"> 1. For uses other than the prevention of pregnancy AND the patient has tried the 4 other oral contraceptive agents. 2. For the prevention of pregnancy AND the requested non-formulary drug is being prescribed primarily for the prevention of pregnancy and the bioequivalent generic product would not be as medically appropriate for the patient as the requested non-formulary drug.
<p>Layolis FE (ethinyl estradiol/ norethindrone)</p>	<p><u>Total Savings Drug List Plans:</u></p> <p>Patient meets ONE of the following (1 <u>or</u> 2):</p> <ol style="list-style-type: none"> 1. For uses other than the prevention of pregnancy AND the patient has tried the 4 other oral contraceptive agents. 2. For the prevention of pregnancy AND the requested non-formulary drug is being prescribed primarily for the prevention of pregnancy and the bioequivalent generic product would not be as medically appropriate for the patient as the requested non-formulary drug.
<p>Loestrin 1-20, Loestrin 1.5-30 (ethinyl estradiol/ norethindrone)</p>	<p><u>Standard/Performance/Value/Advantage/ Total Savings Drug List Plans:</u></p> <p>Patient meets ONE of the following (1 <u>or</u> 2):</p> <ol style="list-style-type: none"> 1. For uses other than the prevention of pregnancy AND the patient has tried the bioequivalent generic product AND cannot take due to a formulation difference in the inactive ingredient(s) [for example, difference in dyes, fillers, preservatives] between the brand and the bioequivalent generic product which, per the prescriber, would result in a significant allergy or serious adverse reaction. 2. For the prevention of pregnancy AND the requested non-formulary drug is being prescribed primarily for the prevention of pregnancy and the bioequivalent generic product would not be as medically appropriate for the patient as the requested non-formulary drug.
<p>Loestrin FE 1-20, Loestrin FE 1.5-30 (ethinyl estradiol/ norethindrone)</p>	<p><u>Standard/Performance/Value/Advantage/ Total Savings Drug List Plans:</u></p> <p>Patient meets ONE of the following (1 <u>or</u> 2):</p> <ol style="list-style-type: none"> 1. For uses other than the prevention of pregnancy AND the patient has tried the bioequivalent generic product AND cannot take due to a formulation difference in the inactive ingredient(s) [for example, difference in dyes, fillers, preservatives] between the brand and the

Product	Criteria
	<p>bioequivalent generic product which, per the prescriber, would result in a significant allergy or serious adverse reaction.</p> <p>2. For the prevention of pregnancy AND the requested non-formulary drug is being prescribed primarily for the prevention of pregnancy and the bioequivalent generic product would not be as medically appropriate for the patient as the requested non-formulary drug.</p>
Lo Loestrin FE (ethinyl estradiol/ norethindrone acetate)	<p><u>Standard/Performance/Value/Advantage/ Total Savings/Legacy Drug List Plans:</u></p> <p>Patient meets ONE of the following (1 <u>or</u> 2):</p> <p>1. For uses other than the prevention of pregnancy AND the patient has tried two other oral contraceptive agents.</p> <p>2. For the prevention of pregnancy AND the requested non-formulary drug is being prescribed primarily for the prevention of pregnancy and the bioequivalent generic product would not be as medically appropriate for the patient as the requested non-formulary drug.</p>
Minastrin 24 FE (ethinyl estradiol/ norethindrone)	<p><u>Total Savings Drug List Plans:</u></p> <p>Patient meets ONE of the following (1 <u>or</u> 2):</p> <p>1. For uses other than the prevention of pregnancy AND the patient has tried the bioequivalent generic product AND cannot take due to a formulation difference in the inactive ingredient(s) [for example, difference in dyes, fillers, preservatives] between the brand and the bioequivalent generic product which, per the prescriber, would result in a significant allergy or serious adverse reaction.</p> <p>2. For the prevention of pregnancy AND the requested non-formulary drug is being prescribed primarily for the prevention of pregnancy and the bioequivalent generic product would not be as medically appropriate for the patient as the requested non-formulary drug.</p>
Mircette 28 Day (ethinyl estradiol/ desogestrel)	<p><u>Total Savings Drug List Plans:</u></p> <p>Patient meets ONE of the following (1 <u>or</u> 2):</p> <p>1. For uses other than the prevention of pregnancy AND the patient has tried the bioequivalent generic product AND cannot take due to a formulation difference in the inactive ingredient(s) [for example, difference in dyes, fillers, preservatives] between the brand and the bioequivalent generic product which, per the prescriber, would result in a significant allergy or serious adverse reaction.</p> <p>2. For the prevention of pregnancy AND the requested non-formulary drug is being prescribed primarily for the prevention of pregnancy and the bioequivalent generic product would not be as medically appropriate for the patient as the requested non-formulary drug.</p>
Natazia (estradiol/ dienogest)	<p><u>Standard/Performance/Value/Advantage/ Total Savings Drug List Plans:</u></p> <p>Patient meets ONE of the following (1 <u>or</u> 2):</p>

Product	Criteria
	<ol style="list-style-type: none"> 1. For uses other than the prevention of pregnancy AND the patient has tried four other oral contraceptive agents. 2. For the prevention of pregnancy AND the requested non-formulary drug is being prescribed primarily for the prevention of pregnancy and other oral contraceptive agents would not be as medically appropriate for the patient as the requested non-formulary drug
Nextstellis (drospirenone/ estetrol)	<p><u>Standard/Performance/Value/Advantage/ Total Savings Drug List Plans:</u></p> <p>Patient meets ONE of the following (1 <u>or</u> 2):</p> <ol style="list-style-type: none"> 1. For uses other than the prevention of pregnancy AND the patient has tried four other oral contraceptive agents. 2. For the prevention of pregnancy AND the requested non-formulary drug is being prescribed primarily for the prevention of pregnancy and other oral contraceptive agents would not be as medically appropriate for the patient as the requested non-formulary drug
Nuvaring (ethinyl estradiol/ etonogestrel)	<p><u>Standard/Performance/Value/Advantage/Total Savings Drug List Plans:</u></p> <p>Patient meets ONE of the following (1 <u>or</u> 2):</p> <ol style="list-style-type: none"> 1. For uses other than the prevention of pregnancy AND the patient has tried the bioequivalent generic product AND cannot take due to a formulation difference in the inactive ingredient(s) [for example, difference in dyes, fillers, preservatives] between the brand and the bioequivalent generic product which, per the prescriber, would result in a significant allergy or serious adverse reaction. 2. For the prevention of pregnancy AND the requested non-formulary drug is being prescribed primarily for the prevention of pregnancy and the bioequivalent generic product would not be as medically appropriate for the patient as the requested non-formulary drug.
Quartette (ethinyl estradiol/ levonorgestrel)	<p><u>Standard/Performance/Value/Advantage/ Total Savings Drug List Plans:</u></p> <p>Patient meets ONE of the following (1 <u>or</u> 2):</p> <ol style="list-style-type: none"> 1. For uses other than the prevention of pregnancy AND the patient has tried the bioequivalent generic product AND cannot take due to a formulation difference in the inactive ingredient(s) [for example, difference in dyes, fillers, preservatives] between the brand and the bioequivalent generic product which, per the prescriber, would result in a significant allergy or serious adverse reaction. 2. For the prevention of pregnancy AND the requested non-formulary drug is being prescribed primarily for the prevention of pregnancy and the bioequivalent generic product would not be as medically appropriate for the patient as the requested non-formulary drug.
Safyral	<p><u>Standard/Performance/Value/Advantage/ Total Savings Drug List Plans:</u></p>

Product	Criteria
(ethinyl estradiol/ drospirenone/ levomefolate)	<p>Patient meets ONE of the following (1 <u>or</u> 2):</p> <ol style="list-style-type: none"> 1. For uses other than the prevention of pregnancy AND the patient has tried the bioequivalent generic product AND cannot take due to a formulation difference in the inactive ingredient(s) [for example, difference in dyes, fillers, preservatives] between the brand and the bioequivalent generic product which, per the prescriber, would result in a significant allergy or serious adverse reaction. 2. For the prevention of pregnancy AND the requested non-formulary drug is being prescribed primarily for the prevention of pregnancy and the bioequivalent generic product would not be as medically appropriate for the patient as the requested non-formulary drug.
Seasonique (ethinyl estradiol/ levonorgestrel)	<p><u>Total Savings Drug List Plans:</u></p> <p>Patient meets ONE of the following (1 <u>or</u> 2):</p> <ol style="list-style-type: none"> 1. For uses other than the prevention of pregnancy AND the patient has tried the bioequivalent generic product AND cannot take due to a formulation difference in the inactive ingredient(s) [for example, difference in dyes, fillers, preservatives] between the brand and the bioequivalent generic product which, per the prescriber, would result in a significant allergy or serious adverse reaction. 2. For the prevention of pregnancy AND the requested non-formulary drug is being prescribed primarily for the prevention of pregnancy and the bioequivalent generic product would not be as medically appropriate for the patient as the requested non-formulary drug.
Slynd (drospirenone)	<p><u>Standard/Performance/Value/Advantage/ Total Savings Drug List Plans:</u></p> <p>Patient meets ONE of the following (1 <u>or</u> 2):</p> <ol style="list-style-type: none"> 1. For uses other than the prevention of pregnancy AND the patient has tried one progesterone-only contraceptive containing norethindrone. Note: Examples of progesterone-only contraceptives containing norethindrone include Camila, Deblitane, Emzahh, Errin, Nora-BE, norethindrone, Heather, Jencycla, Lyza, Sharobel, Tulana, Lyleq, Incassia. 2. For the prevention of pregnancy AND the requested non-formulary drug is being prescribed primarily for the prevention of pregnancy and other progesterone-only contraceptives containing norethindrone would not be as medically appropriate for the patient as the requested non-formulary drug.
Twirla (levonorgestrel and ethinyl estradiol)	<p><u>Standard/Performance/Value/Advantage/ Total Savings Drug List Plans:</u></p> <p>Patient meets ONE of the following (1 <u>or</u> 2):</p> <ol style="list-style-type: none"> 1. For uses other than the prevention of pregnancy AND the patient has tried five other oral contraceptive agents. 2. For the prevention of pregnancy AND the requested non-formulary drug is being prescribed primarily for the prevention of pregnancy

Product	Criteria
	and other oral contraceptive agents would not be as medically appropriate for the patient as the requested non-formulary drug
Taytulla (ethinyl estradiol/ norethindrone)	<p><u>Standard/Performance/Value/Advantage/ Total Savings Drug List Plans:</u></p> <p>Patient meets ONE of the following (1 <u>or</u> 2):</p> <ol style="list-style-type: none"> 1. For uses other than the prevention of pregnancy AND the patient has tried the bioequivalent generic product AND cannot take due to a formulation difference in the inactive ingredient(s) [for example, difference in dyes, fillers, preservatives] between the brand and the bioequivalent generic product which, per the prescriber, would result in a significant allergy or serious adverse reaction. 2. For the prevention of pregnancy AND the requested non-formulary drug is being prescribed primarily for the prevention of pregnancy and the bioequivalent generic product would not be as medically appropriate for the patient as the requested non-formulary drug.
Tyblume (ethinyl estradiol/ levonorgestrel)	<p><u>Standard/Performance/Value/Advantage/Total Savings Drug List Plans:</u></p> <p>Patient meets ONE of the following (1 <u>or</u> 2):</p> <ol style="list-style-type: none"> 1. For uses other than the prevention of pregnancy AND the patient has tried four other oral contraceptive agents. 2. For the prevention of pregnancy AND the requested non-formulary drug is being prescribed primarily for the prevention of pregnancy and other oral contraceptive agents would not be as medically appropriate for the patient as the requested non-formulary drug
Yasmin 28 (ethinyl estradiol/ drospirenone)	<p><u>Standard/Performance/Value/Advantage/Total Savings Drug List Plans:</u></p> <p>Patient meets ONE of the following (1 <u>or</u> 2):</p> <ol style="list-style-type: none"> 1. For uses other than the prevention of pregnancy AND the patient has tried the bioequivalent generic product AND cannot take due to a formulation difference in the inactive ingredient(s) [for example, difference in dyes, fillers, preservatives] between the brand and the bioequivalent generic product which, per the prescriber, would result in a significant allergy or serious adverse reaction. 2. For the prevention of pregnancy AND the requested non-formulary drug is being prescribed primarily for the prevention of pregnancy and the bioequivalent generic product would not be as medically appropriate for the patient as the requested non-formulary drug.
Yaz (ethinyl estradiol/ drospirenone)	<p><u>Standard/Performance/Value/Advantage/Total Savings Drug List Plans:</u></p> <p>Patient meets ONE of the following (1 <u>or</u> 2):</p> <ol style="list-style-type: none"> 1. For uses other than the prevention of pregnancy AND the patient has tried the bioequivalent generic product AND cannot take due to a formulation difference in the inactive ingredient(s) [for example,

Product	Criteria
	<p>difference in dyes, fillers, preservatives] between the brand and the bioequivalent generic product which, per the prescriber, would result in a significant allergy or serious adverse reaction.</p> <p>2. For the prevention of pregnancy AND the requested non-formulary drug is being prescribed primarily for the prevention of pregnancy and the bioequivalent generic product would not be as medically appropriate for the patient as the requested non-formulary drug.</p>

Individual and Family Plans:

Product	Criteria
Balcoltra (ethinyl estradiol/ levonorgestrel)	<p>Approve if according to the prescribing physician, other formulary contraceptives would not be as medically appropriate for the patient as the requested non-formulary drug.*</p> <p>*Criterion developed in accordance with the Affordable Care Act, HRSA Guidelines, and PHS Act section 2713.</p>
Beyaz (ethinyl estradiol/ drospirenone/ levomefolate)	
Depo-Provera (medroxyprogesterone)	
Femlyv (ethinyl estradiol/ norethindrone acetate)	
Generess FE (ethinyl estradiol/ norethindrone)	
Layolis FE (ethinyl estradiol/ norethindrone)	
Loestrin (ethinyl estradiol/ norethindrone)	
Loestrin FE (ethinyl estradiol/ norethindrone)	
Minastrin 24 FE (ethinyl estradiol/ norethindrone)	
Mircette 28 Day	

Product	Criteria
(ethinyl estradiol/ desogestrel)	
Natazia (estradiol/ dienogest)	
Nextstellis (drospirenone/ estetrol)	
Nuvaring (ethinyl estradiol/ etonogestrel)	
Phexxi (lactic acid, citric acid, potassium bitartrate)	
Quartette (ethinyl estradiol/ levonorgestrel)	
Safyral (ethinyl estradiol/ drospirenone/ levomefolate)	
Seasonique (ethinyl estradiol/ levonorgestrel)	
Slynd (drospirenone)	
Taytulla (ethinyl estradiol/ norethindrone)	
Twirla (levonorgestrel and ethinyl estradiol)	
Yasmin 28 (ethinyl estradiol/ drospirenone)	
Yaz (ethinyl estradiol/ drospirenone)	

When coverage is available and medically necessary, the dosage, frequency, duration of therapy, and site of care should be reasonable, clinically appropriate, and supported by evidence-based literature and adjusted based upon severity, alternative available treatments, and previous response to therapy.

Receipt of sample product does not satisfy any criteria requirements for coverage.

References

1. Clinical Pharmacology [database online]. Elsevier 2023. Available at: Clinical Pharmacology Home (clinicalkey.com). Accessed on May 10, 2023. Search term: oral contraceptive, combinations.
2. American College of Obstetricians and Gynecologists. ACOG Committee Opinion. Number 760, December 2018. Dysmenorrhea and Endometriosis in the Adolescent. Available at: <https://www.acog.org/>. Accessed on May 10, 2023.
3. American College of Obstetricians and Gynecologists. ACOG Practice Bulletin No. 194, June 2018. Polycystic ovary syndrome. Available at: <https://www.acog.org/>. Accessed on May 10, 2023.
4. American College of Obstetrics and Gynecology Practice Bulletin. Management of endometriosis. Number 114. July 2010. Reaffirmed 2018. Available at: <https://www.acog.org/>. Accessed on May 10, 2023.

Revision Details

Type of Revision	Summary of Changes	Date
Annual Revision	<p>Removed Estrostep FE, LoSeasonique, and Ortho Micronor from coverage policy; no longer marketed.</p> <p>Added IFP box table; coverage policy supports Employer Group and IFP benefit plans.</p>	08/15/2024
Selected Revision	<p>Preferred Product Table: Added preferred product requirement criteria for Lo Loestrin FE for employer plans.</p>	01/01/2025
Selected Revision	<p>Preferred Product Table: Added preferred product requirement criteria for Femlyv for Employer plans and Individual and Family plans</p>	03/15/2025
Selected Revision	<p>Employer Plans Preferred Product Table: Added preferred product requirement criteria for Annovera, Loestrin 1.5/30, Loestrin 1.5/30 FE, and Tyblume for Employer plans. Removed preferred product requirement criteria for Phexxi for Employer plans. Updated preferred product requirement criteria for Balcoltra, Beyaz, Depo Provera, Femlyv, Generess FE, Layolis FE, Loestrin, Loestrin FE, Lo Loestrin FE, Minastrin 24 FE, Mircette 28 day, Natazia, Nextstellis, Nuvaring, Quartette, Safyral,</p>	07/01/2025

	Seasonique, Slynd, Twirla, Taytulla, Yasmin 28, and Yaz for Employer plans.	
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The policy effective date is in force until updated or retired.

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