Drug Coverage Policy

Effective Date.....7/15/2026
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)
- Averi™ (ethinyl estradiol 30 µg – 21 days, desogestrel 150 µg – 21 days, ferrous bis-glycinate chelate – Avion)
- 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)
- 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)
- 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® (Estetrol 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)
- Safyral™ (ethinyl estradiol 30 µg – 21 days, drospirenone 3 mg – 21 days - Bayer)
- 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:[4]

- 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[4]. 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.

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.[1-3] 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.

Note: When compliance with the Affordable Care Act, HRSA Guidelines, and PHS Act section 2713 is required and the conditions for coverage listed under the medically necessary criteria are not met, approval is granted for the prevention of pregnancy or for the improvement of birth outcomes if, according to the prescriber, other contraceptives would not be as medically appropriate for the patient as the requested drug.

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)	**Standard/Performance/Value/Advantage/Total Savings Drug List Plans:** Annovera is considered medically necessary when ONE of the following (1 or 2) is met: **1.** For the prevention of pregnancy or improvement of birth outcomes AND other contraceptive agents would not be as medically appropriate for the patient as the requested non-formulary drug **2.** 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: Examples include, but may not be limited to, drospirenone-ethinyl estradiol, Eluryng, etonogestrel-ethinyl estradiol vaginal ring, Junel Fe, Sprintec, Tri-Sprintec, Xulane. Note: A trial of the three different oral contraceptive agents would meet the requirement.
Averi (ethinyl estradiol/ desogestrel/ferrous bisglycinate)	**Standard/Performance/Value/Advantage/Total Savings Drug List Plans:** **Averi** is considered medically necessary when ONE of the following (1 or 2) is met: **1.** For the prevention of pregnancy or improvement of birth outcomes AND other contraceptive agents would not be as medically appropriate for the patient as the requested non-formulary drug

Product	Criteria
	2. Patient has tried four other contraceptive agents (e.g. Apri, Cyred EQ, Enskyce, Isibloom, Juleber, Kalliga, Reclipsen)
Balcoltra (ethinyl estradiol/ levonorgestrel)	**Standard/Performance/Value/Advantage/ Total Savings Drug List Plans:** Balcoltra is considered medically necessary when ONE of the following (1 or 2) is met: **1.** For the prevention of pregnancy or improvement of birth outcomes AND, according to the prescriber, the brand product is being requested because the preferred bioequivalent generic product would not be as medically appropriate for the patient as the requested brand non-formulary drug **2.** For a use OTHER THAN the prevention of pregnancy or improvement of birth outcomes AND the Brand product is being requested 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.
Beyaz (ethinyl estradiol/ drospirenone/ levomefolate)	**Standard/Performance/Value/Advantage/Total Savings Drug List Plans:** Beyaz is considered medically necessary when ONE of the following (1 or 2) is met: **1.** For the prevention of pregnancy or improvement of birth outcomes AND, according to the prescriber, the brand product is being requested because the preferred bioequivalent generic product would not be as medically appropriate for the patient as the requested brand non-formulary drug **2.** For uses OTHER THAN the prevention of pregnancy or improvement of birth outcomes AND the Brand product is being requested 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.
Depo-Provera (medroxyprogester-one)	**Total Savings Drug List Plans:** Depo-Provera is considered medically necessary when ONE of the following (1 or 2) is met: **1.** For the prevention of pregnancy or improvement of birth outcomes AND, according to the prescriber, the alternatives would not be as medically appropriate for the patient as the requested non-formulary drug. **2.** Patient has tried and cannot take medroxyprogesterone acetate 150 mg injectable suspension (Depo-Provera, generic)
Femlyv (ethinyl estradiol/ norethindrone acetate)	**Standard/Performance/Value/Advantage/ Total Savings/Legacy Drug List Plans:** Femlyv is considered medically necessary when ONE of the following (1, 2 or 3) is met:

Product	Criteria
	1. For the prevention of pregnancy or improvement of birth outcomes AND other oral contraceptive agents would not be as medically appropriate for the patient as the requested non-formulary drug **2.** The patient has tried four other oral contraceptive agents. Note: Examples include, but may not be limited to, Charlotte 24 Fe, Finzala, Kaitlib Fe, Layolis Fe, Mibelas 24 Fe, norethindrone-ethinyl estradiol, Wymzya Fe. **3.** The patient is unable to swallow tablets or has difficulty swallowing tablets, approve if the patient has tried one oral chewable birth control product (For example, Finzala, Mibelas, Charlotte, Wymzya, Kaitlib, Layolis).
Layolis FE (ethinyl estradiol/ norethindrone)	**Total Savings Drug List Plans:** Layolis FE is considered medically necessary when ONE of the following (1 or 2) is met: **1.** For the prevention of pregnancy or improvement of birth outcomes AND, according to the prescriber, the brand product is being requested because the preferred bioequivalent generic product would not be as medically appropriate for the patient as the requested brand non-formulary drug **2.** Patient has tried the 4 other oral contraceptive agents.
Loestrin 1-20, Loestrin 1.5-30 (ethinyl estradiol/ norethindrone)	**Standard/Performance/Value/Advantage/ Total Savings Drug List Plans:** Loestrin 1-20, Loestrin 1.5-30 are considered medically necessary when ONE of the following (1 or 2) is met: **1.** For the prevention of pregnancy or improvement of birth outcomes AND, according to the prescriber, the brand product is being requested because the preferred bioequivalent generic product would not be as medically appropriate for the patient as the requested brand non-formulary drug. **2.** For uses OTHER THAN the prevention of pregnancy or improvement of birth outcomes AND the Brand product is being requested 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.
Loestrin FE 1-20, Loestrin FE 1.5-30 (ethinyl estradiol/ norethindrone)	**Standard/Performance/Value/Advantage/ Total Savings Drug List Plans:** Loestrin FE 1-20, Loestrin FE 1.5-30 are considered medically necessary when ONE of the following (1 or 2) is met: **1.** For the prevention of pregnancy or improvement of birth outcomes AND, according to the prescriber, the brand product is being requested because the preferred bioequivalent generic product would not be as medically appropriate for the patient as the requested brand non-formulary drug. **2.** For uses OTHER THAN the prevention of pregnancy or improvement of birth outcomes AND the Brand product is being requested due to a formulation difference in the inactive ingredient(s) [for example, difference in dyes, fillers, preservatives] between the brand and the

Product	Criteria
	bioequivalent generic product which, per the prescriber, would result in a significant allergy or serious adverse reaction.
Lo Loestrin FE (ethinyl estradiol/ norethindrone acetate)	**Standard/Performance/Value/Advantage/ Total Savings/Legacy Drug List Plans:** Lo Loestrin FE is considered medically necessary when ONE of the following (1 or 2) is met: **1.** For the prevention of pregnancy or improvement of birth outcomes AND other oral contraceptive agents would not be as medically appropriate for the patient as the requested non-formulary drug. **2.** Patient has tried two other oral contraceptive agents. Note: Examples include, but may not be limited to, Hailey Fe, Junel Fe, Larin Fe, Mibelas 24 Fe, Microgestin Fe, norethindrone-ethinyl estradiol-iron.
Natazia (estradiol/ dienogest)	**Standard/Performance/Value/Advantage/ Total Savings Drug List Plans:** Natazia is considered medically necessary when ONE of the following (1 or 2) is met: **1.** For the prevention of pregnancy or improvement of birth outcomes AND other oral contraceptive agents would not be as medically appropriate for the patient as the requested non-formulary drug **2.** Patient has tried four other oral contraceptive agents. Note: Examples include, but may not be limited to, Blisovi Fe, drospirenone-ethinyl estradiol, Estarylla, Junel Fe, Tri-Sprintec, Sprintec.
Nextstellis (drospirenone/ estetrol)	**Standard/Performance/Value/Advantage/ Total Savings Drug List Plans:** Nextstellis is considered medically necessary when ONE of the following (1 or 2) is met: **1.** For the prevention of pregnancy or improvement of birth outcomes AND other oral contraceptive agents would not be as medically appropriate for the patient as the requested non-formulary drug **2.** Patient has tried four other oral contraceptive agents. Note: Examples include, but may not be limited to, Aurovela Fe, Blisovi Fe, drospirenone-ethinyl estradiol, Estarylla, Junel Fe, Tri-Sprintec, Sprintec.
Nuvaring (ethinyl estradiol/ etonogestrel)	**Standard/Performance/Value/Advantage/Total Savings Drug List Plans:** Nuvaring is considered medically necessary when ONE of the following (1 or 2) is met: **1.** For the prevention of pregnancy or improvement of birth outcomes AND, according to the prescriber, the brand product is being requested because the preferred bioequivalent generic product would not be as medically appropriate for the patient as the requested brand non-formulary drug. **2.** For uses OTHER THAN the prevention of pregnancy or improvement of birth outcomes AND the Brand product is being requested due to a formulation difference in the inactive ingredient(s) [for example,

Product	Criteria
	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.
Safyral (ethinyl estradiol/ drospirenone/ levomefolate)	**Standard/Performance/Value/Advantage/ Total Savings Drug List Plans:** Safyral is considered medically necessary when ONE of the following (1 or 2) is met: **1.** For the prevention of pregnancy or improvement of birth outcomes AND, according to the prescriber, the brand product is being requested because the preferred bioequivalent generic product would not be as medically appropriate for the patient as the requested brand non-formulary drug. **2.** For uses OTHER THAN the prevention of pregnancy or improvement of birth outcomes AND the Brand product is being requested 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.
Slynd (drospirenone)	**Standard/Performance/Value/Advantage/ Total Savings Drug List Plans:** Slynd is considered medically necessary when ONE of the following (1 or 2) is met: **1.** For the prevention of pregnancy or improvement of birth outcomes AND other progesterone-only contraceptives containing norethindrone would not be as medically appropriate for the patient as the requested non-formulary drug. **2.** 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.
Taytulla (ethinyl estradiol/ norethindrone)	**Standard/Performance/Value/Advantage/ Total Savings Drug List Plans:** Taytulla is considered medically necessary when ONE of the following (1 or 2) is met: **1.** For the prevention of pregnancy or improvement of birth outcomes AND, according to the prescriber, the brand product is being requested because the preferred bioequivalent generic product would not be as medically appropriate for the patient as the requested brand non-formulary drug. **2.** For uses OTHER THAN the prevention of pregnancy or improvement of birth outcomes AND the Brand product is being requested 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.

Product	Criteria
Twirla (levonorgestrel and ethinyl estradiol)	**Standard/Performance/Value/Advantage/ Total Savings Drug List Plans:** Twirla is considered medically necessary when ONE of the following (1 or 2) is met: **1.** For the prevention of pregnancy or improvement of birth outcomes AND other oral contraceptive agents would not be as medically appropriate for the patient as the requested non-formulary drug **2.** Patient has tried five other contraceptive agents (e.g., oral contraceptive tablets, Xulane [contraceptive patch], Annovera [contraceptive ring]), NuvaRing or generics [contraceptive ring]) . Note: Examples include, but may not be limited to, Blisovi Fe, Eluryng, etonogestrel-ethinyl estradiol vaginal ring, Hailey Fe, Junel Fe, Larin Fe, Xulane. Note: A trial of five different oral contraceptive agents would meet the requirement.
Tyblume (ethinyl estradiol/ levonorgestrel)	**Standard/Performance/Value/Advantage/Total Savings Drug List Plans:** Tyblume is considered medically necessary when ONE of the following (1 or 2) is met: **1.** For the prevention of pregnancy or improvement of birth outcomes AND other oral contraceptive agents would not be as medically appropriate for the patient as the requested non-formulary drug **2.** Patient has tried four other oral contraceptive agents. Note: Examples include, but may not be limited to, Altavera, Aviane, Falmina, Lessina, levonorgestrel-ethinyl estradiol, Portia, Vienva.
Yasmin 28 (ethinyl estradiol/ drospirenone)	**Standard/Performance/Value/Advantage/Total Savings Drug List Plans:** Yasmin 28 is considered medically necessary when ONE of the following (1 or 2) is met: **1.** For the prevention of pregnancy or improvement of birth outcomes AND the brand product is being requested because the preferred bioequivalent generic product would not be as medically appropriate for the patient as the requested brand non-formulary drug. **2.** For uses OTHER THAN the prevention of pregnancy or improvement of birth outcomes AND the Brand product is being requested 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.
Yaz (ethinyl estradiol/ drospirenone)	**Standard/Performance/Value/Advantage/Total Savings Drug List Plans:** Yaz is considered medically necessary when ONE of the following (1 or 2) is met: **1.** For the prevention of pregnancy or improvement of birth outcomes AND the bioequivalent generic product would not be as medically appropriate for the patient as the requested non-formulary drug.

Product	Criteria
	2. For uses OTHER THAN the prevention of pregnancy or improvement of birth outcomes 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.

Individual and Family Plans:

Product	Criteria
Balcoltra (ethinyl estradiol/ levonorgestrel)	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.* *Criterion developed in accordance with the Affordable Care Act, HRSA Guidelines, and PHS Act section 2713.
Beyaz (ethinyl estradiol/ drospirenone/ levomefolate)	
Depo-Provera 150 mg/mL (medroxyprogesterone acetate sterile aqueous suspension)	
Loestrin (ethinyl estradiol/ norethindrone)	
Loestrin FE (ethinyl estradiol/ norethindrone)	
Nuvaring (ethinyl estradiol/ etonogestrel)	
Safyral (ethinyl estradiol/ drospirenone/ levomefolate)	
Taytulla (ethinyl estradiol/ norethindrone)	
Yasmin 28 (ethinyl estradiol/ drospirenone)	
Yaz (ethinyl estradiol/ drospirenone)	

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

References

1. Clinical Pharmacology [database online]. Elsevier 2026. Available at: Clinical Pharmacology Home (clinicalkey.com). Accessed on May 13, 2026. Search term: oral contraceptive, combinations.
2. American College of Obstetricians and Gynecologists. ACOG Clinical Practice Guideline. Diagnosis of endometriosis. Number 11. March 2026. Available at: https://www.acog.org/. Accessed on May 13, 2026.
3. American College of Obstetricians and Gynecologists. ACOG Practice Bulletin No. 194, June 2018. Polycystic ovary syndrome. Reaffirmed 2025. Available at: https://www.acog.org/. Accessed on May 13, 2026.
4. Departments of Labor, Health and Human Services, and Treasury. FAQs About Affordable Care Act Implementation Part 64. January 22, 2024. Available at: https://www.dol.gov/agencies/ebsa/about-ebsa/our-activities/resource-center/faqs/aca-part-64 [dol.gov]

Revision Details

Summary of Changes	Review Date	Effective Date
Removed Estrostep FE, LoSeasonique, and Ortho Micronor from coverage policy; no longer marketed. **Added** IFP box table; coverage policy supports Employer Group and IFP benefit plans.	6/13/2024	08/15/2024
Preferred Product Table: **Added** preferred product requirement criteria for Lo Loestrin FE for employer plans.	10/3/2024	01/01/2025
Preferred Product Table: **Added** preferred product requirement criteria for Femlyv for Employer plans and Individual and Family plans	2/20/2025	03/15/2025
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, Seasonique, Slynd, Twirla, Taytulla, Yasmin 28, and Yaz for Employer plans.	5/1/2025	07/01/2025
Updated Policy Statement Note **from** "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." **to** "Note: When compliance with the Affordable Care Act, HRSA Guidelines, and PHS Act section 2713 is required and the conditions for coverage listed under the medically necessary criteria are not met, approval is granted for the prevention of pregnancy or for the improvement of birth outcomes if, according to the prescriber, other contraceptives would not be as medically appropriate for the patient as the requested drug.	9/18/2025	11/01/2025

Employer Plans Preferred Product Table: **Updated** statements **from** "prevention of pregnancy" **to** "prevention of pregnancy or improvement of birth outcomes" **Annovera** **Added** Note: Examples include, but may not be limited to, drospirenone-ethinyl estradiol, Eluryng, etonogestrel-ethinyl estradiol vaginal ring, Junel Fe, Sprintec, Tri-Sprintec, Xulane. **Depo-Provera** **Added** generic Depo-Provera to alternatives **Femlyv** **Added** Note: Examples include, but may not be limited to, Charlotte 24 Fe, Finzala, Kaitlib Fe, Layolis Fe, Mibelas 24 Fe, norethindrone-ethinyl estradiol, Wymzya Fe. **Added** Finzala, Wymzya, and Layolis to examples of chewable birth control products **Lo Loestrin FE** **Added** Note: Examples include, but may not be limited to, Hailey Fe, Junel Fe, Larin Fe, Mibelas 24 Fe, Microgestin Fe, norethindrone-ethinyl estradiol-iron. **Natazia** **Added** Note: Examples include, but may not be limited to, Blisovi Fe, drospirenone-ethinyl estradiol, Estarylla, Junel Fe, Tri-Sprintec, Sprintec. **Nextstellis** **Added** Note: Examples include, but may not be limited to, Aurovela Fe, Blisovi Fe, drospirenone-ethinyl estradiol, Estarylla, Junel Fe, Tri-Sprintec, Sprintec. **Twirla** **Added** (e.g., oral contraceptive tablets, Xulane [contraceptive patch], Annovera [contraceptive ring]), NuvaRing or generics [contraceptive ring]) as examples of contraceptive agents. **Added** Note: Examples include, but may not be limited to, Blisovi Fe, Eluryng, etonogestrel-ethinyl estradiol vaginal ring, Hailey Fe, Junel Fe, Larin Fe, Xulane. **Added** Note: A trial of five different oral contraceptive agents would meet the requirement. **Tyblume** **Added** Note: Examples include, but may not be limited to, Altavera, Aviane, Falmina, Lessina, levonorgestrel-ethinyl estradiol, Portia, Vienva. **Individual and Family Plans Preferred Product Table:** **Added** Averi to policy		
Removed Generess, Minastrin 24 FE, Mircette, 28 Day, Quartette, Seasonique from coverage policy (discontinued products). **Employer Plans Preferred Product Table:** **Added** Averi. **Individual and Family Plans Preferred Product Table:**	10/30/2025	12/15/2025

Added Annovera, Depo-Provera SubQ 104, Nexplanon with criteria effective until 12/31/2025. **Removed** Generess FE, Layolis FE, Natazia, Slynd. **Removed effective 1/1/2026** Annovera, Depo-Provera SubQ 104, Femlyv, Nexplanon, Nextstellis, Phexxi, Twirla.		
Individual and Family Plans Preferred Product Table: **Removed** Averi	12/18/2025	2/1/2026
No criteria changes.	5/21/2026	7/15/2026

The policy effective date is in force until updated or retired.

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