



## MEDICAL POLICY

Date Reviewed: 02/25/00, 04/19/00, 05/5/00, 01/25/01, 06/28/02, 03/24/06, 11/21/08, 02/05/10, 04/15/11

Subject: Hormone Supplements for Non-Contraceptive Use (Depo-Provera, medroxyprogesterone acetate, medroxyprogesterone acetate/estradiol cypionate, medroxyprogesterone/estrogen)

Description: Estrogen is the primary female sex hormone. While estrogens are present in both men and women, they are usually present at significantly higher levels in women of reproductive age. They promote the development of female secondary sex characteristics and are important in regulating the menstrual cycle. Estrogens are used as a component of combination contraceptives or as hormone replacement therapy. A progestin is a synthetic progestagen (hormone) most often used in the production of contraceptives.

### Indications of Coverage:

Estrogen and progestin are appropriate for the following conditions (**review contract for exclusions and benefits, including infertility benefits**):

Abnormal uterine bleeding not related to uterine fibroids or uterine cancer

Acne

AIDS Wasting Syndrome

Amenorrhea (absence of a menstrual period in a woman of reproductive age)

Anovulatory bleeding (abnormal vaginal bleeding that occurs during a menstrual cycle that produced no egg (ovulation did not take place))

Dysmenorrhea (cramps or painful menstruation)

Endometrial hyperplasia (overgrowth of the endometrium (lining of the uterus))  
(Progestins)

Endometriosis

Genitourinary conditions secondary to hypoestrogenism

Gonadal dysgenesis (failure of gonadal development – usually due to chromosomal abnormalities)

Hirsutism (excessive growth of hair) due to adrenogenital syndrome

Infertility

Low estrogen levels due to primary ovarian failure

Menopausal syndrome (pre and post)

Menorrhagia (heavy menstrual bleeding)

Migraines

Oligomenorrhea (infrequent or light menstrual periods in women of child-bearing age)

Osteoporosis treatment and prevention

Perimenopausal syndrome

Polycystic Ovarian Syndrome

Post total oophorectomy

Premature ovarian failure

Vulvar/vaginal atrophy associated with menopause

Renal cancer and stage II – IV endometrial cancer

Limitations of coverage:

Review contract and endorsements for exclusions and prior authorization or benefit requirements.

If used for a condition/diagnosis other than is listed in the Indications of Coverage, deny as experimental or investigative.

If used for a condition/diagnosis that is listed in the Indications of Coverage, but the criteria are not met, deny as not medically necessary.

Estrogen or Progestin is considered not medically necessary when the following conditions are documented:

Known or suspected estrogen-dependent malignancies

Undiagnosed abnormal genital bleeding

Active deep vein thrombosis (DVT)

History of pulmonary embolism

Active or recent (within the past twelve months) thromboembolic disease (for example, stroke or myocardial infarction)

History of thrombophlebitis

Pregnancy

When used for regulation of menstrual cycles

Documentation required:

Office notes

Rationale: Hormones are commonly used as contraceptive agents, but have been documented as useful for a variety of conditions. The indications listed above follow Food and Drug Administration

(FDA) approved label indications along with other conditions where research has proven hormone supplements to be effective.

- References: American College of Obstetricians and Gynecologists (ACOG). Chronic pelvic pain. Washington (DC): American College of Obstetricians and Gynecologists (ACOG); 2004 Mar. 17 p. (ACOG practice bulletin; no. 51). Available at: [www.guidelines.gov](http://www.guidelines.gov). Accessed: 22 Mar 11.
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*These guidelines are designed for reference purposes only, do not guarantee coverage, and should not be construed as medical advice. See full Medical Policy Disclaimer.*

*Approved by the Medical Director*