

Prior Authorization Criteria

Depo-Provera Contraceptive Injection

Products Referenced by this Document

Drugs that are listed in the following table include both brand and generic and all dosage forms and strengths unless otherwise stated. Over-the-counter (OTC) products are not included unless otherwise stated.

Brand Name	Generic Name	Dosage Form
Depo-Provera Contraceptive Injection	medroxyprogesterone acetate	injectable suspension, for intramuscular use 150 mg/mL

Indications

FDA-approved Indications

Depo-Provera CI (Contraceptive Injection) is indicated for use by females of reproductive potential to prevent pregnancy.

Limitations of Use:

The use of Depo-Provera CI is not recommended as a long-term (i.e., longer than 2 years) birth control method unless other options are considered inadequate.

Compendial Uses

Gender dysphoria⁴⁻⁵ (also known as transgender and gender diverse (TGD) persons)

Coverage Criteria

Gender Dysphoria

Authorization may be granted when the requested drug is being prescribed for gender dysphoria in a patient who is able to make an informed decision to engage in hormone therapy when ALL of the following criteria are met:

- The patient's comorbid conditions are reasonably controlled.
- The patient has been educated on ANY contraindications AND side effects to therapy.
- If the patient is less than 18 years of age, then the following criteria is met:
 - The requested drug is being prescribed by, or in consultation with, a provider specialized in the care of transgender youth (e.g., pediatric endocrinologist, family or internal medicine physician, obstetrician-gynecologist), that has collaborated care with a mental health provider.

Prevention of Pregnancy

Authorization may be granted when the requested drug is being prescribed for the prevention of pregnancy.

Duration of Approval (DOA)

- 1356-A:
 - Gender dysphoria: DOA: 12 months
 - Prevention of pregnancy: DOA: 24 months

References

1. Depo-Provera Contraceptive Injection [package insert]. New York, NY: Pharmacia & Upjohn Company LLC; July 2024.
2. Lexicomp Online, AHFS DI (Adult and Pediatric) Online. Waltham, MA: UpToDate, Inc.; 2025. <https://online.lexi.com>. Accessed February 6, 2025.
3. Micromedex® (electronic version). Merative, Ann Arbor, Michigan, USA. Available at: <https://www.micromedexsolutions.com/> (cited: 02/06/2025).
4. Coleman E, Radix AE, Bouman WP, et al. Standards of Care for the Health of Transgender and Gender Diverse People, Version 8. Int J Transgend Health. 2022;23(S1):S1-S258.
5. Hembree WC, Cohen-Kettenis PT, Gooren L, et al. Endocrine Treatment of Gender-Dysphoric/Gender-Incongruent Persons: An Endocrine Society Clinical Practice Guideline. J Clin Endocrinol Metab. 2017;102:3869-3903.
6. Health Care for Transgender and Gender Diverse Individuals. ACOG Committee Opinion No. 823. American College of Obstetricians and Gynecologists. Obstet Gynecol. 2021;137:e75-88.

Document History

Written by: UM Development (JH)

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CRITERIA FOR APPROVAL

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| 1 | Is the requested drug being prescribed for the prevention of pregnancy?
[If Yes, then no further questions. If No, then go to 2.] | Yes | No |
| 2 | Is the requested drug being prescribed for gender dysphoria in a patient who is able to make an informed decision to engage in hormone therapy?
[If Yes, then go to 3. If No, then no further questions.] | Yes | No |
| 3 | Are the patient's comorbid conditions reasonably controlled?
[If Yes, then go to 4. If No, then no further questions.] | Yes | No |
| 4 | Has the patient been educated on ANY contraindications AND side effects to therapy?
[If Yes, then go to 5. If No, then no further questions.] | Yes | No |
| 5 | Is the patient less than 18 years of age?
[If Yes, then go to 6. If No, then no further questions.] | Yes | No |
| 6 | Is the requested drug being prescribed by, or in consultation with, a provider specialized in the care of transgender youth (e.g., pediatric endocrinologist, family or internal medicine physician, obstetrician-gynecologist), that has collaborated care with a mental health provider?
[No further questions] | Yes | No |

Mapping Instructions

	Yes	No	DENIAL REASONS
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1.	Approve, 24 Months	Go to 2	
2.	Go to 3	Deny	<p>Your plan only covers this drug when it is used for certain health conditions. Covered uses are prevention of pregnancy and certain other health conditions for which you can make an informed decision about using this drug. Your plan does not cover this drug for your health condition that your doctor told us you have. We reviewed the information we had. Your request has been denied. Your doctor can send us any new or missing information for us to review. For this drug, you may have to meet other criteria. You can request the drug policy for more details. You can also request other plan documents for your review.</p> <p>[Short Description: Diagnosis]</p>
3.	Go to 4	Deny	<p>We have denied your request because your plan does not cover this drug unless your other health conditions are under control. We reviewed the information we had. Your request has been denied. Your doctor can send us any new or missing information for us to review. For this drug, you may have to meet other criteria. You can request the drug policy for more details. You can also request other plan documents for your review.</p> <p>[Short Description: Exclusion, comorbidities]</p>
4.	Go to 5	Deny	<p>Your plan only covers this drug for your health condition when you have been told about reasons you cannot take this drug and side effects of this drug. We reviewed the information we had. Your request has been denied. Your doctor can send us any new or missing information for us to review. For this drug, you may have to meet other criteria. You can request the drug policy for more details. You can also request other plan documents for your review.</p> <p>[Short Description: Other, education]</p>
5.	Go to 6	Approve, 12 Months	

6.	Approve, 12 Months	Deny	<p>Your plan only covers this drug when your doctor has expertise in treating your health condition or is working with a doctor who has that knowledge. We reviewed the information we had. Your request has been denied. Your doctor can send us any new or missing information for us to review. For this drug, you may have to meet other criteria. You can request the drug policy for more details. You can also request other plan documents for your review.</p> <p>[Short Description: Prescriber specialty]</p>
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