Mifepristone and Misoprostol (RU 486)
Medical Pregnancy Termination Policy

I. Policy

UHA considers mifepristone, in conjunction with misoprostol, medically necessary for early termination of pregnancy and will be covered under the injectable medication benefit.

II. Criteria/Guidelines

A. UHA considers oral mifepristone and misoprostol medically necessary and will be a covered benefit within the following limitations. Office visits, ultrasounds and other medications associated with the use of mifepristone are also considered medically necessary within the following limitations:

1. Mifepristone may be administered only in a clinic, medical office, or hospital, by or under the supervision of a physician who can accurately determine the duration of a patient's pregnancy and detect an ectopic (or tubal) pregnancy. Physicians who prescribe mifepristone must also be able to provide surgical intervention in cases of incomplete abortion or severe bleeding, or they must make plans in advance to provide such care through others.

2. The patient must be appropriately counseled and informed consent obtained. Informed consent must include risks, benefits, and alternatives to this medication, and the provision that the patient agrees to and is able to comply with follow up visits.

3. The patient will take mifepristone as directed by her provider before leaving the clinic, medical office, or hospital.

4. After ingesting mifepristone, the patient will take misoprostol, a prostaglandin, as directed by the provider.

5. This treatment is to be used for the medical termination of early pregnancy, defined as 63 days (9 weeks) or less, counting from the beginning of the last menstrual period and/or confirmed by ultrasound.

B. NOTE:

This UHA payment policy is a guide to coverage, the need for prior authorization and other administrative directives. It is not meant to provide instruction in the practice of medicine and it should not deter a provider from expressing his/her judgment.

Even though this payment policy may indicate that a particular service or supply is considered covered, specific provider contract terms and/or members’ individual benefit plans may apply, and this policy is not a guarantee of payment. UHA reserves the right to apply this payment policy to all UHA companies and subsidiaries.

UHA understands that opinions about and approaches to clinical problems may vary. Questions concerning medical necessity (see Hawaii Revised Statutes §432E-1.4) are welcome. A provider may request that UHA reconsider the application of the medical necessity criteria in light of any supporting documentation.
III. Limitations/Exclusions

A. UHA considers oral mifepristone and misoprostol experimental and investigational for the treatment of the following conditions because the effectiveness for these conditions has not been proven (including but not limited to):

1. Labor induction in women in term pregnancy, or women with premature rupture of membranes near term (36 weeks or greater gestational age)
2. Alzheimer’s disease
3. Ectopic ACTH syndrome
4. Endometrial cancer
5. Fallopian tube cancer
6. Metastatic adrenal cortical carcinoma
7. Ovarian cancer
8. Peritoneal cancer
9. Schizophrenia
10. Uterine leiomyomas

IV. Administrative Guidelines

A. Prior authorization is not required.

B. UHA reserves the right to perform retrospective review using the above criteria to validate if services rendered met payment determination criteria and to ensure proper reimbursement is made.

V. Claims Filing Information

A. When billing for Mifepristone/Mifeprex, use HCPCS code S0190 (Mifepristone/Mifeprex, oral, 200 mg).

B. When billing for Misoprostol/Cytotec, use HCPCS code S0191 (Misoprostol, oral, 200 mcg) along with the proper NDC number. Misoprostol administered vaginally is also covered when submitted with the correct NDC number.

C. Covered ICD-9:

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<thead>
<tr>
<th>ICD-9 Code</th>
<th>Description</th>
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<tbody>
<tr>
<td>634.00-634.92</td>
<td>Spontaneous abortion</td>
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<tr>
<td>635.00-635.92</td>
<td>Legally induced abortion</td>
</tr>
<tr>
<td>636.00-636.92</td>
<td>Illegally induced abortion (only treatment of complications are covered benefit)</td>
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<tr>
<td>637.00-637.92</td>
<td>Unspecified abortion</td>
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<td><strong>VI. Policy History</strong></td>
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<tr>
<td><strong>Policy Number:</strong> M.OBG.05.120717</td>
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<td><strong>Current Effective Date:</strong> 07/17/2012</td>
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<td><strong>Previous Revision Dates:</strong> N/A</td>
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