



UnitedHealthcare Pharmacy  
Clinical Pharmacy Programs

|                   |                                |
|-------------------|--------------------------------|
| Program Number    | 2023 P 3130-4                  |
| Program           | Step Therapy                   |
| Medication        | Slynd (drospirenone)           |
| P&T Approval Date | 1/2020, 1/2021, 1/2022, 2/2023 |
| Effective Date    | 5/1/2023;<br>Oxford only: N/A  |

**1. Background:**

Oral contraceptives are available as either combination estrogen/progesterone-containing contraceptives or as progesterone-only contraceptives. Progesterone-only contraceptives should be used when estrogen-containing contraceptives are contraindicated. Slynd (drospirenone) is a progesterone-only contraceptive indicated for use by females of reproductive potential to prevent pregnancy.

Step Therapy programs are utilized to encourage the use of lower cost alternatives for certain therapeutic classes. This program requires a member to try a lower cost contraceptive before providing coverage for Slynd.

**2. Coverage Criteria<sup>a</sup>:**

**A. Slynd** will be approved based on **all** the following criteria:

1. History of failure, contraindication, or intolerance to **both** of the following medications:

a. an estrogen/progesterone containing contraceptive [e.g., norgestimate/ethinyl estradiol (generic Ortho Cyclen), Yaz]

**-AND-**

b. a progesterone-only contraceptive [(i.e. norethindrone (generic Ortho Micronor)]

**Authorization will be issued for 12 months.**

<sup>a</sup> State mandates may apply. Any federal regulatory requirements and the member specific benefit plan coverage may also impact coverage criteria. Other policies and utilization management programs may apply.



**3. Additional Clinical Programs:**

- Notwithstanding Coverage Criteria, UnitedHealthcare may approve initial and re-authorization based solely on previous claim/medication history, diagnosis codes (ICD-10) and/or claim logic. Use of automated approval and re-approval processes varies by program and/or therapeutic class.

**4. References:**

1. Slynd [package insert]. Florham Park, NJ: Exeltis USA, Inc; May 2019.

|                       |                            |
|-----------------------|----------------------------|
| Program               | Step Therapy – Slynd       |
| <b>Change Control</b> |                            |
| 1/2020                | New program.               |
| 1/2021                | Annual review. No changes. |
| 1/2022                | Annual review. No changes. |
| 2/2023                | Annual review. No changes. |