UnitedHealthcare Community Plan

Clinical Pharmacy Program Guidelines for Lysteda

Program	Prior Authorization
Medication	Lysteda (tranexamic acid)
Markets in Scope	Arizona, California, Hawaii, Maryland, New Jersey, Nevada, New York, New York EPP, Pennsylvania- CHIP, Rhode Island, South Carolina
Issue Date	9/2010
Pharmacy and Therapeutics Approval Date	10/2020
Effective Date	12/2020

1. Background:

Lysteda is indicated for the treatment of cyclic heavy menstrual bleeding.

2. Coverage Criteria:

A. Lysteda will be approved based on the following criteria:

1. Diagnosis of cyclic heavy menstrual bleeding.

Authorization will be issued for 12 months.

3. Additional Clinical Rules:

- 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.
- Supply limits may be in place.

4. References:

1. Lysteda[package insert]. Parsippany, NJ.: Ferring Pharmaceuticals Inc.; January 2020.

Program	Prior Authorization – Lysteda
Change Control	
Date	Change
9/2010	New policy
9/2011	Step therapy change to prior authorization due to inability of claims system to properly render step therapy logic.
9/2012	Annual Review
12/2015	Annual Review

Confidential and Proprietary, © 2020 United HealthCare Services, Inc.

10/2016	Updated language to align with standard UHC try/fail requirements. Clinical intent of the criteria remain unchanged.
9/2017	Added diagnosis check. Updated references.
10/2018	Annual review, updated references.
10/2019	Annual review. Removed step through hormonal contraceptive for DX2RX.
10/2020	Annual review, updated reference and added additional clinical rules section.

Confidential and Proprietary, © 2020 United HealthCare Services, Inc.