Reference number(s)
4308-D

This document applies to the following:

Formulary	Applies
Standard Control (SF)	☐
Standard Control – Choice (SCCF)	☐
Preferred Drug Plan Design (PDPD)	☐
Advanced Control Specialty (ACSF)	☑
Advanced Control Specialty – Choice (ACSCF)	☑
Managed Medicaid Template (MMT)	☐
Marketplace (MF)	☐
Aetna Small Group Affordable Care Act (SG ACA) Aetna Health Exchange (AHE)	☐
Aetna Individual Lives (IVL)	☐
Value (VF)	☑

Formulary	Applies
New to Market (NTM)	☐
Standard Formulary Chart (SFC)	☐
Basic Control Chart Preferred Drug Plan Design (BCC PDPD)	☐
Advanced Control Specialty Formulary Chart (ACSFC)	☑
Value Formulary Chart (VFC)	☑
Medical Benefit	☐
Medical Benefit: Advanced Biosimilars First	☐
Medical Benefit: Managed Medicaid (MMMB)	☐
Medicare Part B	☐
Medicare Part B: Advanced Biosimilars First	☐

Exceptions Criteria
Intrauterine Devices (IUDs)

This document informs prescribers of preferred products and provides an exception process for targeted products through prior authorization.

These criteria were developed to align with the Advanced Control Specialty Formulary (ACSF), Advanced Control Specialty – Choice Formulary (ACSCF), Value Formulary (VF), Advanced Control Specialty Formulary Chart (ACSFC), and Value Formulary Chart (VFC).

Plan Design Summary

This program applies to the progestin-containing intrauterine systems specified in this document. Coverage for the targeted product is provided based on clinical circumstances that would exclude the use of the preferred products and may be based on previous use of a product. The coverage review process will ascertain situations where a clinical exception can be made. This program applies to all members requesting treatment with the targeted product.

Each referral is reviewed based on all utilization management (UM) programs implemented for the client.

Table. Progestin-Containing Intrauterine Systems

Medications considered formulary or preferred on your plan may still require a clinical prior authorization review.

	Product(s)
Preferred	• Kyleena (levonorgestrel-releasing intrauterine system) • Mirena (levonorgestrel-releasing intrauterine system) • Skyla (levonorgestrel-releasing intrauterine system)

	Product(s)
Target	• Liletta (levonorgestrel-releasing intrauterine system)

Exception Criteria

This program applies to members requesting treatment for an indication that is FDA-approved for the preferred products.

For contraception

Coverage for the targeted product is provided when the member has a documented intolerable adverse event or documented clinical reason to avoid all of the preferred products.

For contraception with heavy menstrual bleeding

Coverage for the targeted product is provided when the member has a documented intolerable adverse event or documented clinical reason to avoid the preferred product Mirena.

References

1. Kyleena [package insert]. Whippany, NJ: Bayer HealthCare Pharmaceuticals Inc.; March 2023.
2. Liletta [package insert]. North Chicago, IL: AbbVie Inc.; June 2023.
3. Mirena [package insert]. Whippany, NJ: Bayer HealthCare Pharmaceuticals Inc.; July 2024.
4. Skyla [package insert]. Whippany, NJ: Bayer HealthCare Pharmaceuticals Inc.; March 2023