Pharmacy Policy

Intrauterine and Subdermal Contraceptive Devices

Line of Business: Medicaid
P&T Approval Date: February 19, 2020 **Effective Date:** April 1, 2020

This policy has been developed through review of medical literature, consideration of medical necessity, generally accepted medical practice standards, and approved by the IEHP Pharmacy and Therapeutic Subcommittee.

Purpose:
To simplify the process for Providers to request an intrauterine and subdermal contraceptive device and incorporate a return process to minimize waste for unused devices.

Criteria:

I. **Kyleena, Liletta, Mirena, ParaGard, Skyla,** (Intrauterine Devices or IUDs) and **Nexplanon** (Subdermal)
   1. Must meet **ALL** of the following requirements:
      a. Confirmed diagnosis of pregnancy prevention or contraception
      b. Risks and benefits of the particular contraceptive device has been discussed with Member
      c. Member understands the IEHP coverage policy for the contraceptive device including coverage is limited to one device per the duration period
      d. An insertion date is provided

Drug	Type	Dosage	Duration	Quantity Limit
Kyleena (levonorgestrel)	IUD	19.5mg	Provides efficacy up to 5 years	1 per 5 years
Liletta (levonorgestrel)	IUD	52 mg	Provides efficacy up to 5 years	1 per 5 years
Mirena (levonorgestrel)	IUD	52 mg	Provides efficacy up to 5 years	1 per 5 years
Nexplanon (etonogestrel)	Subdermal Implant	68mg	Provides efficacy up to 3 years	1 per 3 years
ParaGard (copper)	IUD	--	Provides efficacy up to 10 years	1 per 10 years
Skyla (levonorgestrel)	IUD	13.5 mg	Provides efficacy up to 3 years	1 per 3 years

Policy:

1. Prescriber is a licensed physician or authorized physician's delegate
2. Prescriber must discuss the risks and benefits of an IUD or subdermal device as a contraceptive method with the Member
3. Prescriber must explain the IEHP IUD/Subdermal device coverage policy to the Member
4. Prescriber must provide the insertion date of the IUD/Subdermal device
5. Coverage is limited to one IUD/Subdermal device per the effective life of the device (e.g. if the Member were to request early removal of Mirena 1 year after the insertion date, the Member would not be eligible to receive another device until 5 years after the original insertion date)
6. IEHP will review the prior authorization request or contraceptive request form for medical necessity
7. IEHP will contact the provider for additional clinical information

Change Control		
Date	**Change**	**Author**
02/19/2020	• Renew with no changes	ND
11/20/2019	• July 2019 changes approved	CN
07/01/2019	• Remove any mention of 'designated pharmacy provider' • Remove requirement to have pharmacy provider contacting prescriber's office to confirm insertion • Remove requirement of prescriber's office to contact pharmacy provider of a cancellation and/or rescheduling of contraceptive device • Remove requirement of pharmacy provider to arrange for pick-up of unused contraceptive devices	JM/ND
02/20/2019	• Reformat • Updated Dosage: Mirena, Liletta • Updated Duration: Liletta • Updated Quantity Limit: Liletta	ND
02/21/2018	• Renewed	YH