



UnitedHealthcare Pharmacy
Clinical Pharmacy Programs

Program Number	2024 P 3130-6
Program	Step Therapy
Medication	Slynd [®] (drospirenone)
P&T Approval Date	1/2020, 1/2021, 1/2022, 2/2023, 2/2024, 9/2024
Effective Date	11/17/2024

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^a:

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

1. History of failure, contraindication, or intolerance to **both** of the following medications:
 - a. norethindrone (generic Ortho Micronor[®])
 - b. norgestrel (Opill)

-AND-

2. Use of estrogen containing contraceptives is contraindicated (e.g., breast feeding, comorbidities/health conditions)

Authorization will be issued for 12 months.

^a 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
Change Control	
1/2020	New program.
1/2021	Annual review. No changes.
1/2022	Annual review. No changes.
2/2023	Annual review. No changes.
2/2024	Annual review. Updated progestin only contraceptive to e.g. due to the over the counter product.
9/2024	Require failure of two progestin only contraceptives and updated estrogen failure to note contraindication.