

Medical Policy

Levonorgestrel Intrauterine Devices (IUDs)

Last review date: **1/1/2026**

Prior review date: **10/1/2025**

Applicable Products

Kyleena (levonorgestrel intrauterine device)

Mirena (levonorgestrel intrauterine device)

Liletta (levonorgestrel intrauterine device)

Skyla (levonorgestrel intrauterine device)

Initial Approval Criteria

Coverage may be approved if all of the following are met:

- Patient is using IUD for one of the following:
 - Intrauterine contraception/Prevention of pregnancy (Mirena, Skyla, Kyleena & Liletta); **OR**
 - Treatment of heavy menstrual bleeding in women who choose to use intrauterine contraception (Liletta and Mirena **ONLY**); **AND**
- If applicable: Trial and failure, intolerance, or a contraindication to the preferred products as listed in the medical drug list

Renewal Criteria

Coverage may be renewed if all of the following are met:

- Patient continues to meet Initial Approval Criteria; **AND**
- Absence of unacceptable toxicity from the IUD

Length of Authorization

- Skyla: **Once every 3 years**
- Kyleena: **Once every 5 years**
- Liletta and Mirena: **Once every 8 years**

This policy is designed to address medical guidelines that are appropriate for the majority of individuals with a particular disease, illness, or condition. Each person's unique clinical or other circumstances may warrant individual consideration, based on review of applicable medical records, as well as other regulatory, contractual and/or legal requirements.

Medical policies do not constitute medical advice, nor are they intended to govern the practice of medicine. They are intended to reflect reimbursement and coverage guidelines. Coverage for services may vary for individual members, based on the terms of the benefit contract.