



**Drug Name:** Slynd (drospirenone) 4mg tablet

**Effective Date:** 06/01/2026

**Reviewed:** 4/2026

<b>Required Medical Information:</b>	<ul style="list-style-type: none"> <li>• The member has trialed and experienced an inadequate treatment response or intolerance to formulary norethindrone 0.35mg tablet or OTC Opill (norgestrel) 0.075mg tablet; OR</li> <li>• Provider attests other progesterone only contraceptives are not appropriate or not expected to have the desired response</li> </ul>
<b>Coverage Duration:</b>	12 months
<b>Coding Logic for Step Therapy:</b>	Slynd (drospirenone) 4mg tablet will pay if there is at least one paid claim of formulary norethindrone 0.35mg tablet or OTC Opill 0.075mg through the pharmacy benefit

Investigational use: Neighborhood does not provide coverage for drugs when used for investigational purposes. All therapies are considered investigational when used at a dose or for a condition other than those that are recognized as medically accepted indications as defined in any one of the following standard reference compendia: American Hospital Formulary Service Drug information (AHFS-DI), Thomson Micromedex DrugDex, Clinical Pharmacology, Wolters Kluwer Lexi-Drugs, or Peer-reviewed published medical literature indicating that sufficient evidence exists to support use.