Kyleena™
(levonorgestrel-releasing intrauterine system) 19.5mg

# Benefits Verification Worksheet

BAYER

This worksheet can be used to verify and help track a patient's insurance benefits for Kyleena. If you have questions or want to request support for benefits investigation, please contact the WHC Support Center by phone at 1-866-647-3646 or online at www.WHCSupport.com.

Today's date: ____/____/____

## Patient Information

Patient name: _____

Patient date of birth: ____/____/____

## Insurance Information

Insurance company name: _____

Phone: _____

Subscriber/member ID: _____

Group #: _____

Policy holder name: _____

Policy holder date of birth: ____/____/____

Subscriber relationship to patient: _____

Call reference #: _____

Name of insurance company representative: _____

## Pharmacy Benefits Manager (PBM) Information

PBM name: _____

PBM policy #: _____

Phone: _____ Fax: _____

## Coverage Information

Effective date of coverage: ____/____/____

Is Kyleena covered? ☐ Yes ☐ No

Is Kyleena insertion covered? ☐ Yes ☐ No

Is our office considered in-network? ☐ Yes ☐ No

## Prior Authorization (PA) Information

Is PA required for Kyleena? ☐ Yes ☐ No

If yes: What is the process to obtain the PA? _____

_____

PA reference #: _____

## Copayment Information

| Is there a copayment/coinsurance for: | | | If so, how much? | |
|---|---|---|---|---|
| Kyleena? | ☐ Yes | ☐ No | $_____ | _____% |
| Kyleena insertion? | ☐ Yes | ☐ No | $_____ | _____% |
| Office visit? | ☐ Yes | ☐ No | $_____ | _____% |

## Deductible Information

Does an annual deductible apply to any of these services? ☐ Yes ☐ No

If yes: Which services? _____

How much has been applied to date? _____

What is the amount remaining? $_____

After the deductible has been met, insurance pays at what percentage? _____%

What is the time period of the deductible? _____

## Out-of-pocket (OOP) Maximum Information

Does an annual OOP maximum apply to any of these services? ☐ Yes ☐ No

If yes: Which services? _____

What is the OOP maximum? $_____

How much has been applied to date? $_____

What is the amount remaining? $_____

Does the OOP maximum include the deductible amount? ☐ Yes ☐ No

## Referral Information

Is a referral from the primary care physician (PCP) required to see a specialist? ☐ Yes ☐ No

If yes: How is the referral obtained? _____

_____

## Acquisition Information

Is Kyleena available through buy and bill? ☐ Yes ☐ No

Is Kyleena available through a specialty pharmacy? ☐ Yes ☐ No

If yes: What is the preferred specialty pharmacy? _____

_____

## Claims Information

Which code(s) are required for reimbursement for Kyleena?

☐ J3490 ☐ Other: _____

Which code(s) are required for reimbursement for the insertion procedure?

☐ 58300 ☐ Other: _____

What additional documentation is required with the claim? _____

_____

What is the claims mailing address? _____

_____

PLEASE SEE IMPORTANT SAFETY INFORMATION ON REVERSE.
PLEASE SEE THE ACCOMPANYING FULL PRESCRIBING INFORMATION FOR KYLEENA.

# Indication and Important Safety Information

## INDICATION FOR KYLEENA

Kyleena™ (levonorgestrel-releasing intrauterine system) 19.5 mg is indicated for the prevention of pregnancy for up to 5 years. Kyleena should be replaced after 5 years if continued use is desired.

## IMPORTANT SAFETY INFORMATION

### Who is not appropriate for Kyleena

Kyleena is contraindicated in women with: known or suspected pregnancy and cannot be used for post-coital contraception; congenital or acquired uterine anomaly, including fibroids if they distort the uterine cavity; known or suspected breast cancer or other progestin-sensitive cancer, now or in the past; known or suspected uterine or cervical neoplasia; liver disease, including tumors; untreated acute cervicitis or vaginitis, including lower genital tract infections (e.g., bacterial vaginosis) until infection is controlled; postpartum endometritis or infected abortion in the past 3 months; unexplained uterine bleeding; current IUD; acute pelvic inflammatory disease (PID) or history of PID (except with later intrauterine pregnancy); conditions increasing susceptibility to pelvic infection; or hypersensitivity to any component of Kyleena.

### Clinical considerations for use and removal

Use Kyleena with caution after careful assessment in patients with coagulopathy or taking anticoagulants; migraine, focal migraine with asymmetrical visual loss, or other symptoms indicating transient cerebral ischemia; exceptionally severe headache; marked increase of blood pressure; or severe arterial disease such as stroke or myocardial infarction. Consider removing Kyleena if these or the following arise during use: uterine or cervical malignancy or jaundice. If the threads are not visible or are significantly shortened they may have broken or retracted into the cervical canal or uterus. If Kyleena is displaced (e.g., expelled or perforated the uterus), remove it. Kyleena can be safely scanned with MRI only under specific conditions.

### Pregnancy related risks with Kyleena

If pregnancy should occur with Kyleena in place, remove Kyleena because leaving it in place may increase the risk of spontaneous abortion and preterm labor. Removal or manipulation may result in pregnancy loss. Evaluate women for ectopic pregnancy because the likelihood of a pregnancy being ectopic is increased with Kyleena. Tell women about the signs of ectopic pregnancy and associated risks, including loss of fertility. Women with a history of ectopic pregnancy, tubal surgery, or pelvic infection carry a higher risk of ectopic pregnancy.

### Educate her about PID

IUDs have been associated with an increased risk of PID, most likely due to organisms being introduced into the uterus during insertion. Inform women about the possibility of PID and that PID can cause tubal damage leading to ectopic pregnancy or infertility, or infrequently can necessitate hysterectomy, or cause death. PID is often associated with sexually transmitted infections (STIs); Kyleena does not protect against STIs, including HIV. In Kyleena clinical trials, PID occurred more frequently within the first year and most often within the first month after insertion.

### Expect changes in bleeding patterns

Spotting and irregular or heavy bleeding may occur during the first 3 to 6 months. Periods may become shorter and/or lighter thereafter. Cycles may remain irregular, become infrequent, or even cease. Consider pregnancy if menstruation does not occur within 6 weeks of the onset of previous menstruation.

### Be aware of other serious complications and most common adverse reactions

Some serious complications with IUDs like Kyleena are expulsion, sepsis, and perforation. Perforation may reduce contraceptive efficacy. The risk of perforation is higher if inserted in lactating women and may be higher if inserted in women who are postpartum or when the uterus is fixed retroverted.

Ovarian cysts may occur and are generally asymptomatic but may be accompanied by pelvic pain or dyspareunia. Evaluate persistent enlarged ovarian cysts.

The most common adverse reactions (≥5%) were vulvovaginitis (24%), ovarian cyst (22%), abdominal/pelvic pain (21%), headache/migraine (15%), acne/seborrhea (15%), dysmenorrhea/uterine spasm (10%), breast pain/breast discomfort (10%), and increased bleeding (8%).

Teach patients to recognize and immediately report signs or symptoms of the aforementioned conditions. Evaluate patients 4 to 6 weeks after insertion and then yearly or more often if clinically indicated.

FOR IMPORTANT INFORMATION ABOUT KYLEENA,
PLEASE SEE THE ACCOMPANYING FULL PRESCRIBING INFORMATION.



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