

Market Applicability														
Market	DC	FL & FHK	FL MMA	FL LTC	GA	KS	KY	MD	NJ	NV	NY	TN	TX	WA
Applicable	X	X	NA	NA	X	NA	X	X	X	X	X	NA	NA	X

\*FHK- Florida Healthy Kids

## Non-Preferred Vaginal Atrophy Agents

Override(s)	Approval Duration
Prior Authorization Quantity Limit	1 year

Medications	Comments	Quantity Limit
Estradiol vaginal tablet (Yuvafem vaginal tablet)	Preferred	May be subject to quantity limit
Estrace (estradiol) vaginal cream – Brand and generic Estring (estradiol) vaginal ring Femring (estradiol acetate) vaginal ring Imvexxy (estradiol) vaginal insert Intrarosa (prasterone) vaginal insert Premarin (conjugated estrogen) vaginal cream Vagifem vaginal tablets - Brand	Non-Preferred	

### APPROVAL CRITERIA

Requests for a non-preferred vaginal estrogen preparation may be approved if the following criteria are met:

- I. Individual has had a trial (medication samples/coupons/discount cards are excluded from consideration as a trial) of and inadequate response or intolerance to estradiol vaginal tablet (Yuvafem);

**OR**

- II. If the requested agent is Femring and the diagnosis is moderate to severe vasomotor symptoms due to menopause;

**OR**

- III. If the requested non-preferred agent is Premarin Vaginal Cream and the diagnosis is kraurosis vulvae;

**OR**

- IV. If the requested non-preferred agent is Intrarosa and individual has a contraindication to estrogen therapy including, but not limited to, the following:

PAGE 1 of 2 08/22/2018  
New Program Date 08/01/2017

This policy does not apply to health plans or member categories that do not have pharmacy benefits, nor does it apply to Medicare. Note that market specific restrictions or transition-of-care benefit limitations may apply.

Market Applicability														
Market	DC	FL & FHK	FL MMA	FL LTC	GA	KS	KY	MD	NJ	NV	NY	TN	TX	WA
Applicable	X	X	NA	NA	X	NA	X	X	X	X	X	NA	NA	X

\*FHK- Florida Healthy Kids

- A. Known or suspected estrogen-dependent neoplasia; **OR**
- B. Active DVT, PE or a history of these conditions; **OR**
- C. Active arterial thromboembolic disease (for example, stroke and myocardial infarction) or history of these conditions; **OR**
- D. Known liver dysfunction or disease; **OR**
- E. Known protein C, protein S, or antithrombin deficiency or other known thrombophilic disorders.

State Specific Mandates		
State name	Date effective	Mandate details (including specific bill if applicable)
N/A	N/A	N/A

**Key References:**

Clinical Pharmacology [database online]. Tampa, FL: Gold Standard, Inc.: 2018. URL: <http://www.clinicalpharmacology.com>. Updated periodically.

DailyMed. Package inserts. U.S. National Library of Medicine, National Institutes of Health website. <http://dailymed.nlm.nih.gov/dailymed/about.cfm>.

DrugPoints® System (electronic version). Truven Health Analytics, Greenwood Village, CO. Updated periodically.

Lexi-Comp ONLINE™ with AHFS™, Hudson, Ohio: Lexi-Comp, Inc.; 2018; Updated periodically.

This policy does not apply to health plans or member categories that do not have pharmacy benefits, nor does it apply to Medicare. Note that market specific restrictions or transition-of-care benefit limitations may apply.