

Criteria-Based Consultation Prescribing Program

CRITERIA FOR DRUG COVERAGE

Estradiol vaginal insert 4mcg and 10 mcg (Imvexxy)

Notes:

- Quantity Limits: No
- Imvexxy is covered under the prescription drug benefit for dyspareunia (painful intercourse) only for members with coverage for medications used to treat sexual dysfunction. Others pay member cash price.

Initiation (new start) criteria: estradiol vaginal insert (Imvexxy) will be covered on the prescription drug benefit when the following criteria are met:

- Prescribed for symptoms of genitourinary syndrome of menopause (GSM, also known as vulvovaginal atrophy) except dyspareunia **-OR-**
- Prescribed for dyspareunia (painful intercourse) and member has prescription drug benefit coverage for medications used to treat sexual dysfunction **-AND-**
- Trial and failure (clinical or hypersensitivity) of:
 - estradiol vaginal cream (Estrace) – **AND** –
 - estradiol vaginal tablets (Vagifem)

Criteria for new or current Kaiser Permanente members already taking the medication who have not been reviewed previously: estradiol vaginal insert (Imvexxy) will be covered on the prescription drug benefit when the following criteria are met:

- Trial and failure (clinical or hypersensitivity) of:
 - estradiol or conjugated estrogen vaginal cream (Estrace or Premarin) – **AND** –
 - estradiol vaginal tablets (Vagifem)