

# Criteria-Based Consultation Prescribing Program

## CRITERIA FOR DRUG COVERAGE

### Ospemifene (Osphena) 60 mg tablet

#### Notes:

- Quantity Limits: No
- Osphena 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: ospemifene tablets (Osphena)** 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) **-OR-**
- Prescribed for dyspareunia (painful intercourse) and member has prescription drug benefit coverage for medications used to treat sexual dysfunction
- Trial and failure (clinical or hypersensitivity) of:
  - estradiol vaginal cream (Estrace) **-AND-**
  - estradiol vaginal tablets (Vagifem)

**-OR-**

- Patient is physically or mentally unable to apply or insert vaginal estrogen

**Criteria for new or current Kaiser Permanente members already taking the medication who have not been reviewed previously: ospemifene tablets (Osphena)** 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)

**-OR-**

- Patient is physically or mentally unable to apply or insert vaginal estrogen