



**STATE OF WEST VIRGINIA
DEPARTMENT OF HEALTH AND HUMAN RESOURCES
BUREAU FOR MEDICAL SERVICES**



**Office of Pharmacy Service
Prior Authorization Criteria**

**Duavee® (conjugated estrogens/bazedoxifene)
Prior Authorization Request Form**

Approvable Indications and Associated Criteria

1. Shall be approved for the prevention of postmenopausal osteoporosis in women with an intact uterus who have experienced ineffectiveness, allergies, contraindications, drug-drug interactions, or a history of intolerable side effects to Evista (raloxifene) AND generic Fosamax (alendronate); **OR**
2. Shall be approved for the treatment of moderate-to-severe vasomotor symptoms associated with menopause in women with an intact uterus who have experienced ineffectiveness, contraindications, drug-drug interactions, or a history of intolerable side effects to at least one estrogen/progestin products *

* Allergies to other estrogen products will not be sufficient cause to authorize Duavee, as it also contains estrogen.

Duavee will not be approved if any of the following is present

1. Undiagnosed abnormal uterine bleeding
2. Current or past history of venous thromboembolism (VTE) (e.g. PE, DVT)
3. Current or past history of arterial thromboembolic disease (e.g. stroke, MI)
4. Known, suspected, or history of carcinoma of the breast
5. Presence of an estrogen-dependent tumor
6. Hepatic dysfunction or disease
7. Thrombophilic disorders (such as protein C, protein S, or antithrombin deficiency)

References

- 1) Duavee package insert 10/2013
- 2) Lexi-Comp Clinical Applications monograph September, 2014
- 3) *Detail-Document*; Pharmacist's Letter 2014; 30(3):300310
<http://pharmacistsletter.therapeuticresearch.com/pl/ArticleDD.aspx?nidchk=1&cs=&s=PL&pt=6&fpt=31&dd=300310&pb=PL&searchid=51517436>