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

Office of Pharmacy Service
Prior Authorization Criteria

Osphena® (ospemifene)

Prior Authorization Request Form

Prior authorization requests for Osphena will be approved if the following criteria are met:

1) Diagnosis of moderate to severe vaginal dyspareunia; **AND**
2) Trial of vaginal estrogen preparation for ninety (90) days; **AND**
3) Absence of a history of pulmonary embolism or deep vein thrombosis; **AND**
4) Absence of a history of thromboembolic disease; **AND**
5) Absence of known or suspected genital neoplasia.

PL Detail-Document, New Drug: Osphena (Ospemifene).
Pharmacist'sLetter/Prescriber's Letter. June 2013.

Review and Approved
DUR Board 11/20/2013