

Intrarosa (prasterone)
Effective January 1, 2020

Plan	<input type="checkbox"/> MassHealth UPPL <input checked="" type="checkbox"/> Commercial/Exchange	Program Type	<input checked="" type="checkbox"/> Prior Authorization <input type="checkbox"/> Quantity Limit <input type="checkbox"/> Step Therapy
Benefit	<input checked="" type="checkbox"/> Pharmacy Benefit <input type="checkbox"/> Medical Benefit (NLX)		
Specialty Limitations	N/A		
Contact Information	Specialty Medications		
	All Plans	Phone: 866-814-5506	Fax: 866-249-6155
	Non-Specialty Medications		
	MassHealth	Phone: 877-433-7643	Fax: 866-255-7569
	Commercial	Phone: 800-294-5979	Fax: 888-836-0730
	Exchange	Phone: 855-582-2022	Fax: 855-245-2134
	Medical Specialty Medications (NLX)		
	All Plans	Phone: 844-345-2803	Fax: 844-851-0882
Exceptions	N/A		

Overview

Intrarosa is a vaginal insert of a synthetic steroid FDA indicated for the treatment of moderate to severe dyspareunia (a symptom of vulvar and vaginal atrophy due to menopause).

Coverage Guidelines

Authorization may be granted for members who are currently receiving treatment with Intrarosa, excluding when the product is obtained as samples or via manufacturer's patient assistance program

OR

Authorization may be granted when all of the following criteria are met, and documentation has been provided:

1. The member is a post-menopausal woman with a diagnosis of moderate to severe dyspareunia due to vulvar and vaginal atrophy
2. The member tried and failed therapy with or the provider indicates clinical inappropriateness of treatment with at least two alternative agents (e.g. Premarin vaginal cream, Estrace vaginal cream, Estring, Vagifem)

Limitations

1. Initial approvals will be granted 3 months
2. Reauthorizations will be granted for 12 months when a physician assessment of improvement in the member's condition has been submitted.
3. The following quantity limits apply:

Intrarosa	1 box (28 inserts) per 28 days
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References

1. Intrarosa (prasterone) [prescribing information]. Quebec City, Canada: Endoceutics; February 2018
2. Management of symptomatic vulvovaginal atrophy: 2013 position statement of The North American Menopause Society. *Menopause* 2013; 20:888
3. Martel C, Labrie F, Archer DF, et al. Serum steroid concentrations remain within normal postmenopausal values in women receiving daily 6.5mg intravaginal prasterone for 12 weeks. *J Steroid Biochem Mol Biol* 2016; 159:142
4. Labrie F, Derogatis L, Archer DF, et al. Effect of Intravaginal Prasterone on Sexual Dysfunction in Postmenopausal Women with Vulvovaginal Atrophy. *J Sex Med* 2015; 12:2401
5. Santen RJ, Mirkin S, Bernick B, Constantine GD. Systemic estradiol levels with low-dose vaginal estrogens. *Menopause* 2020; 27:361
6. Constantine G, Millheiser LS, Kaunitz AM, et al. Early onset of action with a 17 β -estradiol, softgel, vaginal insert for treating vulvar and vaginal atrophy and moderate to severe dyspareunia. *Menopause* 2019

Review History

11/20/19 – Reviewed at P&T

11/18/2020- Reviewed at P&T.

