

Intrarosa (prasterone)
Effective 03/01/2025

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		
Specialty Limitations	N/A		
Contact Information	Medical and Specialty Medications		
	All Plans	Phone: 877-519-1908	Fax: 855-540-3693
Exceptions	Non-Specialty Medications		
	All Plans	Phone: 800-711-4555	Fax: 844-403-1029

Overview

Intrarosa (prasterone) is a steroid 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 new to the plan within the past 90 days who are currently receiving treatment with the requested medication, excluding when the product is obtained as samples or via manufacturer's patient assistance programs

OR

Authorization may be granted all of the following criteria are met:

1. Member is a post-menopausal woman with a diagnosis of moderate to severe dyspareunia due to vulvar and vaginal atrophy
2. 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)

Continuation of Therapy

Requests for reauthorization will be approved when the following criteria are met:

1. Documentation has been submitted demonstrating an improvement in the member's condition

Limitations

1. Initial approvals will be granted 3 months
2. Reauthorizations will be granted for 12 months
3. The following quantity limits apply:

Drug Name	Quantity Limit
Intrarosa	1 box (28 inserts) per 28 days

References

1. 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
2. Intrarosa (prasterone) [prescribing information]. Quebec City, Canada: Endoceutics; November 2020.
3. 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
4. Management of symptomatic vulvovaginal atrophy: 2013 position statement of The North American Menopause Society. *Menopause* 2013; 20:888
5. 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
6. Santen RJ, Mirkin S, Bernick B, Constantine GD. Systemic estradiol levels with low-dose vaginal estrogens. *Menopause* 2020; 27:361

Review History

11/20/19 – Reviewed at P&T

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

12/11/2024 – Revived and updated at December P&T. Updated language for members new to the plan. Effective 3/1/2025.

