

**Bijuva (estradiol and progesterone)
Effective 01/01/2023**

| | | | |
|------------------------------|--|---------------------|---|
| Plan | <input checked="" type="checkbox"/> MassHealth (UPPL) <input 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

Bijuva® (estradiol/progesterone) is a combination product containing estrogen and progesterone indicated in a woman with a uterus for the treatment of moderate to severe vasomotor symptoms due to menopause.

| No PA | Drugs that require PA |
|--------------------------------------|----------------------------------|
| Estrace® # (estradiol) | Bijuva® (estradiol/progesterone) |
| Prometrium® # (progesterone capsule) | |

#This is a brand-name drug with FDA "A"-rated generic equivalents. PA is required for the brand, unless a particular form of that drug (for example, tablet, capsule, or liquid) does not have an FDA "A"-rated generic equivalent.

Coverage Guidelines

Authorization may be reviewed on a case by case basis for members who are new to the plan currently receiving treatment with requested medication excluding when the product is obtained as samples or via manufacturer's patient assistance programs.

OR

Authorization may be granted for Bijuva if the member meets all following criteria and documentation has been submitted:

Moderate to severe vasomotor symptoms due to menopause

1. Appropriate diagnosis
2. Physician documentation of a compelling clinical rationale that the combination product would offer a therapeutic advantage over the commercially available separate agents

Continuation of Therapy

Reauthorization by physician will infer a positive response to therapy.



Limitations

1. Initial approvals will be granted for 6 months.
2. Reauthorizations will be granted for 12 months.

References

1. Bijuva (estradiol and progesterone) [prescribing information]. Boca Raton, FL: Therapeutics MD, Inc; December 2021

Review History

09/21/2022 – Created and Reviewed for Sept P&T; matched MH UPPL.

Disclaimer

AllWays Health Partners complies with applicable federal civil rights laws and does not discriminate or exclude people on the basis of race, color, national origin, age, disability, or sex.