



**GEORGIA MEDICAID FEE-FOR-SERVICE
ESTROGEN AGENTS, ORAL - TRANSDERMAL PA SUMMARY**

Preferred	Non-Preferred
<p><u>Preferred Oral Estrogens:</u> Estradiol generic Menest (esterified estrogens) Premarin (estrogens, conjugated)</p> <p><u>Preferred Oral Estrogen/Progestin Combinations:</u> Angeliq (drospirenone/estradiol) Estradiol/norethindrone and all generics for Activella Jinteli and all generics for Femhrt 1/5 (norethindrone/ethinyl estradiol) Prefest (estradiol/norgestimate) Premphase (conjugated estrogens/medroxyprogesterone) Prempro (conjugated estrogens/medroxyprogesterone)</p> <p><u>Preferred Topical Estrogens</u> Estradiol transdermal patch (generic Climara) Evamist (estradiol topical spray solution) Menostar (estradiol transdermal patch) Vivelle-Dot (estradiol transdermal patch)</p> <p><u>Preferred Topical Estrogen/Progestin Combinations:</u> Climara Pro (estradiol/levonorgestrel transdermal patch) Combipatch (estradiol/norethindrone transdermal patch)</p> <p><u>Preferred Oral Selective Estrogen Receptor Modulator (SERMs):</u> Raloxifene generic</p>	<p><u>Non-Preferred Oral Estrogens</u> n/a</p> <p><u>Non-Preferred Oral Estrogen/Progestin Combinations:</u> Bijuva (estradiol/progesterone) Norethindrone/ethinyl estradiol and all generics for Femhrt Low Dose</p> <p><u>Non-Preferred Topical Estrogens</u> Divigel (estradiol topical gel) Elestrin (estradiol topical gel) Estradiol transdermal patch (generic Vivelle-Dot) Minivelle (estradiol transdermal patch)</p> <p><u>Non-Preferred SERMs and SERM Combinations:</u> Duavee (conjugated estrogens/bazedoxifene) Osphena (ospemifene)</p> <p><u>Others</u> Veozah (fezolinetant)</p>

LENGTH OF AUTHORIZATION: 1 year

PA CRITERIA:

Bijuva and Norethindrone/Ethinyl Estradiol and All Generics for Femhrt Low Dose

- ❖ Approvable for the treatment of moderate to severe vasomotor symptoms due to menopause in women with an intact uterus who have experienced inadequate response, allergies, contraindications, drug-drug interactions or intolerable side effects to at least two preferred oral estrogen/progestin combination products.

Divigel, Elestrin and Minivelle



- ❖ Approvable for members who have experienced inadequate response or intolerable side effects to at least two preferred estradiol products.

Estradiol Transdermal Patch (generic Vivelle-Dot)

- ❖ Prescriber must submit a written letter of medical necessity stating the reasons at least two preferred estradiol transdermal patches, one of which must be brand Vivelle-Dot, are not appropriate for the member.

Duavee

- ❖ Approvable for the prevention of postmenopausal osteoporosis in women with an intact uterus who have experienced inadequate response, allergies, contraindications, drug-drug interactions or intolerable side effects to raloxifene and alendronate.
- ❖ Approvable for the treatment of moderate to severe vasomotor symptoms due to menopause in women with an intact uterus who have experienced inadequate response, allergies, contraindications, drug-drug interactions or intolerable side effects to at least two preferred oral estrogen or estrogen/progestin products.

Osphena

- ❖ Approvable for the treatment of moderate to severe dyspareunia (painful sexual intercourse) or vaginal dryness, symptoms of vulvar and vaginal atrophy, due to menopause who have experienced inadequate response with two over-the-counter vaginal lubricants/moisturizers as well as experienced inadequate response, allergy, contraindication, drug-drug interaction or intolerable side effect to a vaginal estrogen product (e.g., Estrace, estradiol vaginal tablets, Estring, Femring, Premarin vaginal cream).

Veozah

- ❖ Approvable for the treatment of moderate to severe vasomotor symptoms due to menopause in women with an intact uterus who have experienced inadequate response, allergies, contraindications, drug-drug interactions or intolerable side effects to at least two preferred oral estrogen or estrogen/progestin products.

EXCEPTIONS:

- ❖ Exceptions to these conditions of coverage are considered through the prior authorization process.
- ❖ The Prior Authorization process may be initiated by calling **OptumRx at 1-866-525-5827**.

PREFERRED DRUG LIST:

- ❖ For online access to the Preferred Drug List (PDL), please go to <http://dch.georgia.gov/preferred-drug-lists>.

PA and APPEAL PROCESS:



- ❖ For online access to the PA process, please go to www.dch.georgia.gov/prior-authorization-process-and-criteria and click on Prior Authorization (PA) Request Process Guide.

QUANTITY LEVEL LIMITATIONS:

- ❖ For online access to the current Quantity Level Limits (QLL), please go to www.mmis.georgia.gov/portal, highlight Provider Information and click on Provider Manuals. Scroll to the page with Pharmacy Services and select that manual.