

**progesterone 4% vaginal gel (CRINONE 4%)**

**Diagnosis Considered for Coverage:**

- Secondary amenorrhea (unusual stopping of menstrual periods)

**Coverage Criteria:**

**For secondary amenorrhea:**

- Inadequate response or intolerable side effect with medroxyprogesterone (Provera), micronized progesterone (Prometrium), or norethindrone 5 mg (Aygestin), **and**
- Dose does not exceed one applicator every other day.

**For hormone replacement in post-menopausal women:**

- Inadequate response or intolerable side effects with BOTH medroxyprogesterone (Provera) and progesterone (Prometrium), **and**
- Does not exceed 12 days per 28-day cycle.

**Coverage Duration:**

secondary amenorrhea: 1 month

hormone replacement: one year

Effective Date: 6/28/2023