

prasterone (INTRAROSA)

Diagnoses Considered for Coverage:

- Moderate to severe painful intercourse (dyspareunia) due to menopause

Coverage Criteria:

1. For diagnosis listed above:

- Dose does not exceed 6.5 mg per day, **and**
- Inadequate response, intolerable side effect, or contraindication with two vaginal estrogen drugs (e.g. Estring vaginal ring, estradiol vaginal tablet, estradiol vaginal cream, Premarin vaginal cream).

Coverage Duration: one year

References:

1. Intrarosa® [Prescribing Information]. Quebec City, Canada. Endoceutics, Inc. 02/2018. Accessed February 2022.
2. The 2020 genitourinary syndrome of menopause position statement of The North American Menopause Society. Menopause: The Journal of The North American Menopause Society. Vol. 27, No. 9, pp. 976-992. Accessed February 2022.

Effective Date: 6/28/2023