

## OSPHERA (ospemifene)

<b>Diagnosis Considered for Coverage:</b>
<ul style="list-style-type: none"><li>Moderate to severe dyspareunia due to menopause</li></ul>
<b>Coverage Criteria:</b>
<b>For diagnosis listed above:</b> <ul style="list-style-type: none"><li>Inadequate response or intolerable side effect with TWO of the following formulary vaginal estrogen alternatives: Premarin vaginal cream, Estrace vaginal, and Vagifem, <b>and</b></li><li>Dose does not exceed 60 mg per day.</li></ul>
<b>Coverage Duration:</b> Length of benefit






Effective: 6/20/2013