



STATE OF WEST VIRGINIA  
DEPARTMENT OF HEALTH AND HUMAN RESOURCES  
BUREAU FOR MEDICAL SERVICES



Office of Pharmacy Service  
Prior Authorization Criteria

Osphena<sup>®</sup> (ospemifene)  
[Prior Authorization Request Form](#)

**Prior authorization requests for Osphena will be approved if the following criteria are met:**

- 1) Diagnosis of moderate to severe vaginal dyspareunia; **AND**
- 2) Trial of vaginal estrogen preparation for ninety (90) days; **AND**
- 3) Absence of a history of pulmonary embolism or deep vein thrombosis; **AND**
- 4) Absence of a history of thromboembolic disease; **AND**
- 5) Absence of known or suspected genital neoplasia.

*PL Detail-Document, New Drug: Osphena (Ospemifene).  
Pharmacist's Letter/Prescriber's Letter. June 2013.*

*Review and Approved  
DUR Board 11/20/2013*