



## Office of Pharmacy Service Prior Authorization Criteria

### **Osphena** Ospemifene

Osphena will be prior authorized if the following criteria are met:

1. Diagnosis of moderate to severe vaginal dyspareunia **and**
2. Trial of vaginal estrogen preparation for ninety 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.*