



**Drug Name:** Estrace® Cream

**Date:** 9-2017

<b>Drug Name:</b>	Estrace® Cream
<b>Prescriber Restrictions:</b>	<ul style="list-style-type: none"><li>• N/A</li></ul>
<b>Age Restrictions:</b>	<ul style="list-style-type: none"><li>• N/A</li></ul>
<b>Exclusion Criteria:</b>	<ul style="list-style-type: none"><li>• N/A</li></ul>
<b>Required Medical Information:</b>	<ul style="list-style-type: none"><li>• Diagnosis is specifically <b><u>vaginal atrophy</u></b> or <b><u>vaginal symptoms of menopause</u></b> AND member has and failed a trial of generic Vagifem tablets; <i>or</i></li><li>• Diagnosis is <b><u>vaginal adhesions</u></b> (pediatric female patients).</li></ul>
<b>Coverage Duration:</b>	<b>12 months</b>