



Drug Name: Osphena (ospemifene)

Effective date: 02/01/2020

Reviewed: 11/2019, 04/2021, 02/2022, 3/2023, 3/2024

Required Medical Information:	The member has trialed and experienced an inadequate treatment response or intolerance to formulary estradiol/Yuvafem vaginal tablet or estradiol vaginal cream (generic Estrace)
Coverage Duration:	12 months
Coding Logic for Step Therapy:	Osphena will pay if there is at least one paid claim within the last 365 days of formulary estradiol/Yuvafem vaginal tablet, estradiol vaginal cream (generic Estrace), or Osphena

Investigational use: Neighborhood does not provide coverage for drugs when used for investigational purposes. All therapies are considered investigational when used at a dose or for a condition other than those that are recognized as medically accepted indications as defined in any one of the following standard reference compendia: American Hospital Formulary Service Drug information (AHFS-DI), Thomson Micromedex DrugDex, Clinical Pharmacology, Wolters Kluwer Lexi-Drugs, or Peer-reviewed published medical literature indicating that sufficient evidence exists to support use.