

Conjugated Estrogens/Bazedoxifene (Duavee®)

Goal(s):

- Approve conjugated estrogens/bazedoxifene only for indications where there is evidence to support its use and safety.
- Support the use of agents with clinical efficacy and safety supported by the medical literature and guidelines.

Length of Authorization:

- 6-12 months

Requires PA:

- Conjugated estrogens/bazedoxifene

Covered Alternatives:

- Current PMPDP preferred drug list per OAR 410-121-0030 at www.orpdl.org
- Searchable site for Oregon FFS Drug Class listed at www.orpdl.org/drugs/

Step Therapy Required Prior to Coverage:

- Prevention of vasomotor symptoms: conventional hormone therapy (see preferred drug list options at (www.orpdl.org))
- Prevention of osteoporosis: bisphosphonates (see preferred drug list options at www.orpdl.org).

Approval Criteria		
1. What is the diagnosis?	Record ICD10 code	
2. Is patient a postmenopausal woman within 10 years of menopause?	Yes: Go to #3	No: Pass to RPh. Deny; medical appropriateness.
3. Is the patient <60 years of age with an intact uterus?	Yes: Go to #4	No: Pass to RPh. Deny; medical appropriateness
4. Will the prescriber consider a change to a preferred product? Message: <ul style="list-style-type: none"> • Preferred products do not require a co-pay. Preferred products are evidence-based reviewed for comparative effectiveness and safety by the Oregon Pharmacy & Therapeutics (P&T) Committee. 	Yes: Inform prescriber of covered alternatives in class.	No: Go to #5
5. Is the patient being prescribed the medication for the prevention of osteoporosis?	Yes: Go to #6	No: Go to #7

Approval Criteria

6. Has the patient tried and failed, or is there a contraindication to, bisphosphonates?	Yes: Approve for up to 12 months	No: Pass to RPh. Deny; medical appropriateness
7. Is the medication being prescribed for the prevention of vasomotor symptoms?	Yes: Go to #8	No: Pass to RPh. Deny; medical appropriateness
8. Has the patient tried and failed or has a contraindication to conventional hormone therapy?	Yes: Approve for up to 12 months	No: Pass to RPh. Deny; medical appropriateness

P&T Review: 1/17 (SS), 11/14
Implementation: 4/1/17; 1/1/15