

HRT PA criteria

Premarin/ Premphase/Prempro

1. Is member being treated for a funded condition on the OHP prioritized list?
 - a. Yes- continue to question 2
 - b. No- Deny Cat 1- *Member does not have a funded condition on the OHP prioritized list*

2. Is the member being treated for one of the following conditions
 - Hypoestrogenism (Premarin only)
 - Osteoporosis prevention in females
 - Prostate cancer (advanced) (Premarin only)
 - Vasomotor and vaginal atrophy symptoms associated with menopause
 - a. Yes- Continue to question 3
 - b. No- Deny cat 3- *Medication is not being used for FDA approved use*

3. Has member had inadequate response or contraindication to ALL preferred formulary treatments?
 - Estradiol patches
 - Estradiol tablets
 - Norethindrone/Estradiol tablets (Prempro/Premphase only)
 - a. Yes- Continue to question 4
 - b. No- Deny Cat 15- Member has not had inadequate response to formulary agents

4. Is member under the age of 60 years and has the member been on HRT for less than 5 years?
 - a. Yes- Continue to question 5
 - b. No- Forward to Medical Director for appropriateness evaluation- *Use estrogens for the shortest duration possible at the lowest effective dose consistent with treatment goals. Reevaluate patients as clinically appropriate to determine if treatment is still necessary*

5. Is dosing and quantity correct for condition being treated?
 - a. Yes- Approve for up to one year
 - b. No- Deny- Cat 3 dosing falls outside FDA guidelines