

Osphena (ospemifene)

Disclaimer

Clinical guidelines are developed and adopted to establish evidence-based clinical criteria for utilization management decisions. Clinical guidelines are applicable according to policy and plan type. The Plan may delegate utilization management decisions of certain services to third parties who may develop and adopt their own clinical criteria.

Coverage of services is subject to the terms, conditions, and limitations of a member's policy, as well as applicable state and federal law. Clinical guidelines are also subject to in-force criteria such as the Centers for Medicare & Medicaid Services (CMS) national coverage determination (NCD) or local coverage determination (LCD) for Medicare Advantage plans. Please refer to the member's policy documents (e.g., Certificate/Evidence of Coverage, Schedule of Benefits, Plan Formulary) or contact the Plan to confirm coverage.

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Summary

Genitourinary syndrome of menopause (GSM) is the spectrum of symptoms and physical changes resulting from declining estrogen and androgen concentrations in the genitourinary tract during the menopausal transition. Osphe[®]na (ospemifene) is an oral selective estrogen receptor modulator (SERM) indicated for the treatment of moderate to severe dyspareunia and vaginal dryness, both of which are symptoms of vulvar and vaginal atrophy due to menopause. Unlike traditional hormone replacement therapies, Osphe[®]na (ospemifene) is not a hormone and offers an alternative specifically tailored for women experiencing exclusive genitourinary menopausal symptoms.

Important Consideration: *Dyspareunia is categorized as a sexual pain disorder due to its implications on sexual function. From a medical perspective, it is characterized by pain during sexual intercourse that interferes with sexual activity. Therefore, the Plan considers the use of ospemifene for dyspareunia to be primarily for the treatment of sexual dysfunction rather than pain.*

NOTE: Treatment for sexual dysfunctions is an excluded benefit for certain Plans. Coverage for medications to treat sexual dysfunction, including dyspareunia, varies depending on a member's benefit policy. Please review the member's coverage benefits to determine if treatment for sexual dysfunctions is a covered benefit.

As a SERM, Osphe[®]na (ospemifene) exerts beneficial effects on vaginal tissue by acting as an estrogen agonist. It effectively stimulates lubrication and growth, as well as supports healthy bone and endometrial tissue. However, it's important to note that Osphe[®]na (ospemifene) also exhibits antagonist effects on breast tissue. In clinical trials, Osphe[®]na (ospemifene) was shown to effectively treat dyspareunia and vaginal dryness with improvement seen as early as 4-6 weeks. However, Osphe[®]na (ospemifene) comes with a boxed warning highlighting its potential to stimulate endometrial hyperplasia, a condition where the lining of the uterus thickens, which can be a precursor to endometrial cancer. Another risk associated with Osphe[®]na (ospemifene) is its potential to cause thromboembolic and hemorrhagic strokes, as well as deep venous thrombosis, although at a lower incidence compared to estrogen-based hormone replacement therapies.

- The Genitourinary Syndrome of Menopause: AUA/SUFU/AUGS Guideline (2025) state that individuals should be counseled that Osphe[®]na (ospemifene) does not increase the risk of endometrial hyperplasia with atypia or endometrial carcinoma (moderate recommendation, evidence level grade C).
- For postmenopausal women with an intact uterus, the addition of a progestin helps prevent endometrial hyperplasia and reduces the risk of endometrial cancer that can occur with estrogen use alone. Progestin therapy is not necessary for women without an intact uterus.
- Clinical surveillance, including periodic evaluations and diagnostic measures such as endometrial sampling when indicated, is essential to rule out malignancy in women with persistent or recurrent abnormal genital bleeding.
- Osphe[®]na (ospemifene) therapy should be used for the shortest duration consistent with treatment goals and the individual member's risk profile. Periodic reevaluation is recommended to determine if continued treatment is necessary. Clinicians should weigh the benefits of

symptom relief against the potential risks of long-term therapy, including thromboembolic events and endometrial changes.

- Clinical trials evaluating Osphena (ospemifene) predominantly included white women (90–99%), which may limit the generalizability of efficacy and safety data to diverse populations. Clinicians should consider individual member factors, including racial and ethnic differences, when extrapolating trial data to clinical practice.

Definitions

“Arterial Thromboembolic Disease” refers to conditions where blood clots form in the arteries, which can lead to serious conditions like heart attacks or strokes.

“Deep Venous Thrombosis” is a blood clot that forms in a deep vein, usually in the legs.

“Dyspareunia” is a medical term that describes pain during sexual intercourse.

“Documentation” refers to written information, including but not limited to:

- Up-to-date chart notes, relevant test results, and/or relevant imaging reports to support diagnoses; or
- Prescription claims records, and/or prescription receipts to support prior trials of formulary alternatives.

“Endometrial Hyperplasia” is a condition characterized by the excessive growth of the lining of the uterus. It can be a precursor to endometrial cancer.

“Estrogen-Dependent Neoplasia” refers to a type of cancer that grows in response to estrogen.

“Low-dose Vaginal Estrogen Therapy” refers to treatment involving the application of estrogen directly to the vaginal tissues to alleviate symptoms of vaginal atrophy. Examples include Yuvaferm 10mcg Vaginal Insert and Estradiol 0.01% Vaginal Cream.

“No evidence of” indicates that the reviewer has not identified any records of the specified item or condition within the submitted materials or claims history. In the absence of such evidence, the member is considered eligible. If any evidence of the item or condition is present upon review of the request, the member does not qualify.

“Noncoital Sexual Pain” refers to pain that occurs during sexual activities other than intercourse.

“Sexual Dysfunction” refers to any of a group of sexual disorders characterized by inhibition either of sexual desire or of the psychophysiological changes that usually characterize sexual response. Included are female sexual arousal disorder, male erectile disorder and hypoactive sexual desire disorder.

“Vaginismus” is a condition where there is an involuntary spasm of the muscles surrounding the vaginal entrance, making intercourse painful or impossible.

“Vulvar and Vaginal Atrophy” is a condition in which the vaginal and vulvar tissues become thinner, drier, and less elastic as a result of reduced estrogen levels typically associated with menopause.

“[s]” indicates state mandates may apply.

Clinical Indications

Medical Necessity Criteria for Clinical Review

General Medical Necessity Criteria

The Plan will provide coverage for Ospena (ospemifene) when ALL the following criteria are met:

1. IF the information reviewed indicates the medication is being used for treatment of sexual dysfunction (i.e., dyspareunia), the member must meet **ONE (1)** of the following:
 - a. The Plan does not explicitly exclude coverage for treatments for sexual dysfunctions; *or* **NOTE:** *Treatment for sexual dysfunctions is an excluded benefit for certain Plans. Coverage for medications to treat sexual dysfunction, including dyspareunia, varies depending on a member's benefit policy. Please review the member's coverage benefits to determine if treatment for sexual dysfunctions is a covered benefit.*
 - b. Clinical documentation indicates symptoms (e.g., irritation, itching, vaginal dryness, pain) extend beyond sexual activities (i.e., also manifest in association with other non-sexual activities, such as pain during routine activities, e.g., inserting a tampon, during gynecological examinations, or wearing tight-fitting clothes); **AND**
2. The member is 18 years of age or older; **AND**
3. The member meets **ALL** of the following:
 - a. No evidence of active arterial thromboembolic disease (e.g., stroke and myocardial infarction), or a history of these conditions; *and*
 - b. No evidence of active deep vein thrombosis, pulmonary embolism, or a history of these conditions; *and*
 - c. No evidence the member is currently pregnant; *and*
 - d. No evidence of known or suspected estrogen-dependent neoplasia; *and*
 - e. No evidence of undiagnosed abnormal genital bleeding; **AND**
4. Ospena (ospemifene) is being prescribed at a dose and frequency that is within FDA approved labeling **OR** is supported by compendia or evidence-based published dosing guidelines for the requested indication; **AND**
The requested medication is being used within the Plan's Quantity Limit of: 30 tablets every 30 days.
5. The member meets the applicable [Medical Necessity Criteria for Initial Clinical Review](#) or [Subsequent Clinical Review](#) listed below.

Medical Necessity Criteria for Initial Clinical Review

Initial Indication-Specific Criteria

Vulvar and Vaginal Atrophy

The Plan considers Osphe[®]na (ospemifene) medically necessary when ALL of the following criteria are met:

6. The member meets the above [General Medical Necessity Criteria](#); *AND*
7. The member has ONE (1) of the following diagnoses:
 - a. Moderate to severe dyspareunia associated with menopause; *and/or*
 - b. Moderate to severe vaginal dryness associated with menopause; *AND*
8. The member is unable to use, or has tried and failed BOTH of the following^[s]:
 - a. Over-the-counter (OTC) non-hormonal vaginal moisturizers and/or lubricants (Replens, K-Y, and others); *and*
 - b. Low-dose vaginal estrogen therapy (e.g., Yuva[®]fem 10mcg Vaginal Insert, Estradiol 0.01% Vaginal Cream, and others).

If the above prior authorization criteria are met, Osphe[®]na (ospemifene) will be approved for up to 6-months.^[s]

Continued Care

Medical Necessity Criteria for Subsequent Clinical Review

Subsequent Indication-Specific Criteria

Vulvar and Vaginal Atrophy

The Plan considers Osphe[®]na (ospemifene) medically necessary when ALL of the following criteria are met:

1. The member meets the above applicable [General Medical Necessity Criteria](#) and/or [Initial Clinical Review](#); *AND*
2. The member has recent (within the last 3 months) clinical chart documentation indicating that the member has experienced a documented improvement in dyspareunia or vaginal dryness symptoms.

If the above reauthorization criteria are met, the requested product will be authorized for up to 12-months.^[s]

[Experimental / Investigational, or unproven](#)^[s]

Osphe[®]na (ospemifene) for any other use or use is considered not medically necessary by the Plan, as it is deemed to be experimental, investigational, or unproven.

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Clinical Guideline Revision / History Information

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