

Market Applicability															
Market	DC	FL & FHK	FL MMA	FL LTC	GA	KS	KY	LA	MD	NJ	NV	NY	TN	TX	WA
Applicable	X	X	NA	NA	X	NA	X	X	X	X	X	X	NA	NA	X

*FHK- Florida Healthy Kids

Non-Preferred Transdermal Estrogens

Override(s)	Approval Duration
Prior Authorization Quantity Limit	1 year

Medications	Quantity Limit
Alora (estradiol) Climara (estradiol) Divigel gel packet (estradiol) Elestrin gel (estradiol) Estrogel gel (estradiol) Evamist (estradiol) Menostar patch (estradiol) Minivelle (estradiol) Vivelle DOT (estradiol)	May be subject to quantity limit

APPROVAL CRITERIA

- I. Individual has been on requested topical/transdermal estrogen product in the past 180 days (medication samples/coupons/discount cards are excluded from consideration as a trial);

OR

- II. Individual has had a previous trial (medication samples/coupons/discount cards are excluded from consideration as a trial) of and inadequate response or intolerance to one preferred topical/transdermal estrogen agent.

Preferred Agents: generic estradiol **weekly** transdermal patches.

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State Specific Mandates		
State name	Date effective	Mandate details (including specific bill if applicable)
N/A	N/A	N/A

Key References:

Clinical Pharmacology [database online]. Tampa, FL: Gold Standard, Inc.: 2017. URL: <http://www.clinicalpharmacology.com>. Updated periodically.

DailyMed. Package inserts. U.S. National Library of Medicine, National Institutes of Health website. <http://dailymed.nlm.nih.gov/dailymed/about.cfm>.

DrugPoints® System (electronic version). Truven Health Analytics, Greenwood Village, CO. Updated periodically.

Lexi-Comp ONLINE™ with AHFS™, Hudson, Ohio: Lexi-Comp, Inc.; 2017; Updated periodically.