

**Commonly Used Menopausal Agents and VA National Formulary (VANF) Status
December 2025**

VA Pharmacy Benefits Management Services and National Formulary Committee

Table 1. Systemic Hormonal Menopausal Medications

Route	Medication	Brand	VANF	Usual Dosing	Comments
Oral Combos	Conjugated equine estrogens/ medroxyprogesterone acetate	PREMPHASE	Yes	0.625 mg conjugated estrogens daily days 1 -14 and 0.625 mg conjugated estrogens/ 5 mg medroxyprogesterone acetate daily days 14 - 28	Cyclical dosing of conjugated estrogens and combo tablets
	Conjugated equine estrogens/ medroxyprogesterone acetate	PREMPRO	Yes	0.3-0.625 mg conjugated estrogens/1.5-5 mg medroxyprogesterone acetate daily	Multiple fixed dose combinations
	Ethinyl estradiol /norethindrone acetate	FEMHRT	Yes	2.5 mcg ethinyl estradiol/0.5 mg norethindrone daily OR 5 mcg ethinyl estradiol/1 mg norethindrone daily	
	Estradiol/drospirenone	ANGELIQ	No	0.5 mg estradiol/0.25 mg drospirenone daily Or 1 mg estradiol/0.5 mg drospirenone daily	
	Estradiol/norethindrone acetate	ACTIVELLA	No	0.5 mg estradiol/norethindrone 0.1 mg daily Or 1 mg estradiol/norethindrone 0.5 mg daily	
	Conjugated estrogens/ bazedoxifene	DUAVEE	No	0.45 mg CEE/20 mg bazedoxifene daily	Bazedoxifene is an alternative to progestin for patients with a uterus
	Estradiol/progesterone	BIJUVA	No	0.5 mg estradiol/100 mg progesterone Or 1 mg estradiol/100 mg progesterone	Separate ingredients are available on VA National Formulary
Oral Estrogen	Estradiol	ESTRACE	Yes	0.5-2 mg daily	
	Conjugated equine estrogen	PREMARIN	No	0.3-1.25mg daily	
	Esterified estrogens	MENEST	Yes	0.3-1.25 mg daily	
Oral Progestin	Micronized progesterone	PROMETRIUM	Yes	100 mg daily continuously or 200 mg daily x12 days per month	
	Medroxyprogesterone acetate	PROVERA	Yes	2.5 mg daily	
	Norethindrone acetate	AYGESTIN	Yes	5-10 mg daily for 10 to 14 days	
Trans- dermal	Estradiol transdermal patch Preferred brand(s) may vary	Various (see comments)	Yes	0.025-0.1 mg per day	Applied twice weekly examples: MINIVELLE, VIVELLE-DOT

					Applied once weekly examples: CLIMARA, MENOSTAR
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Table 1. Systemic Hormonal Menopausal Medications (continued)

Route	Medication	Brand	VANF	Usual Dosing	Comments
Trans-dermal	Estradiol/norethindrone transdermal patch	COMBIPATCH	Yes	0.05 mg estradiol/ 0.14 mg or 0.25 mg norethindrone per day	Applied twice weekly
	Estradiol/levonorgestrel transdermal patch	CLIMARA PRO	Yes	0.045 mg estradiol/ 0.015 levonorgestrel per day	Applied once weekly
	Estradiol topical gel Various brands	Various (see comments)	No	Varies by product, usual initial dosing is 1 pump or pouch per day	DIVIGEL 1 pouch: 0.25 mg, 0.5 mg, 0.75 mg, 1 mg estradiol ELESTRIN 1 pump: 0.52 mg estradiol ESTROGEL 1 pump: 0.75mg estradiol
	Estradiol topical spray	EVAMIST	No	1-3 sprays per day	1.53 mg estradiol/spray
Vaginal	Estradiol acetate vaginal ring, *systemic*	FEMRING	No	0.05-0.1 mg per day intravaginally every 3 mos	Not to be confused with Estring

Table 2. Medications for Genitourinary Symptoms of Menopause (GSM)

Route	Product	Brand	On VANF	Usual Dosing	Comments
Vaginal	Vaginal moisturizer	REPLENS	Yes	Vaginally 2-3 times per week	
	Vaginal lubricant	Various	Yes	Vaginally prn	
	Estradiol 0.01% vaginal cream	ESTRACE	Yes	0.5-1 g vaginally daily for 2 weeks then 0.5-1 g 1-3 times per week	Reusable applicator (cleanse with warm water and mild soap)
	Conjugated estrogens 0.625 mg/g vaginal cream	PREMARIN	No	0.5-1 g vaginally daily for 2 weeks then 0.5-1 g 1-3 times per week	Reusable applicator (cleanse with warm water and mild soap)
	Estradiol vaginal tablet	VAGIFEM	Yes	10 mcg (1 tablet) vaginally daily for 2 weeks then 10 mcg 2 times per week	Individual applicator for each tablet
	Estradiol vaginal insert	IMVEXXY	Yes	4 mcg or 10 mcg (1 insert) vaginally once daily for 2 weeks then 4 mcg or 10 mcg 2 times per wk	No applicator; Insert ~2 inches into vagina with smaller end up
	Prasterone	INTRAROSA	Yes	6.5 mg vaginally at bedtime	Dehydroepiandrosterone (DHEA) Individual, single use applicator PA-F - PBM Criteria for Use
	Estradiol ring	ESTRING	Yes	2 mg ring inserted vaginally every 90 days	Low dose vaginal estrogen Not to be confused with FEMRING

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Oral	Ospemifene	OSPHENA	No	60mg PO daily	Selective estrogen receptor modulator Oral option indicated for vaginal dryness and dyspareunia
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Table 3. Systemic Nonhormonal Medications Used for Menopausal Symptoms

Mechanism	Product	Brand	On VANF	Usual Dosing	Comments
NK3RA	Fezolinetant	VEOZAH	No	45 mg daily	PBM Criteria for Use available
SSRI	Citalopram*	CELEXA	Yes	10 to 20 mg daily	
	Escitalopram*	LEXAPRO	Yes	10 to 20 mg daily	
	Paroxetine*	PAXIL	Yes	10 to 25 mg daily	
	Paroxetine mesylate	BRISDELLE	No	7.5 mg daily	
SNRI	Desvenlafaxine*	PRISTIQ	Yes	100 to 150 mg daily	
	Venlafaxine*	EFFEXOR	Yes	37.5 mg to 150 mg daily	
Gabapentinoid	Gabapentin*	NEURONTIN	Yes	900 to 2400 mg daily	Useful for nocturnal symptoms
Anticholinergic	Oxybutynin*	DITROPAN	Yes	2.5 mg to 15 mg daily	

*Off-label; NK3RA=neurokinin 3 (NK3) receptor antagonist; PA-F=prior authorization, facility level; SNRI=serotonin/norepinephrine reuptake inhibitor; SSRI = selective serotonin reuptake inhibitor

Notes:

- Brand names listed where applicable; generic equivalents may be available.
- For systemic hormone therapy:
 - All systemic estrogen preparations are effective in treating vasomotor symptoms. Transdermal estrogen may have lower risk of thrombosis. The lowest effective dose of estrogen should be used. Choice of product should consider patient symptoms, risk-benefit profile, and patient preference. Preferred products in VA within the subclasses of estrogens may vary over time. Consult VA pharmacy for further information as needed.
 - A progestin should be prescribed to all patients with an intact uterus receiving systemic estrogen therapy to reduce the risk of endometrial hyperplasia and cancer.
- [VA Formulary Advisor](#): Quick search tool provides information on medication formulary status and links to associated PBM clinical guidance.
- [PBM Formulary Management - Home \(sharepoint.com\)](#): PBM clinical guidance posted here.

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