Prasterone (INTRAROSA)
Criteria for Use
October 2025

VA Pharmacy Benefits Management Services and National Formulary Committee

The following recommendations are based on medical evidence, clinician input, and expert opinion. The content of the document is dynamic and will be revised as new information becomes available. The purpose of this document is to assist practitioners in clinical decision-making, to standardize and improve the quality of patient care, and to promote cost-effective drug prescribing. THE CLINICIAN SHOULD USE THIS GUIDANCE AND INTERPRET IT IN THE CLINICAL CONTEXT OF THE INDIVIDUAL PATIENT. INDIVIDUAL CASES THAT ARE EXCEPTIONS TO THE EXCLUSION AND INCLUSION CRITERIA SHOULD BE ADJUDICATED AT THE LOCAL FACILITY ACCORDING TO THE POLICY AND PROCEDURES OF ITS P&T COMMITTEE AND PHARMACY SERVICES.

The Product Information should be consulted for detailed prescribing information.

Exclusion Criteria

If any of the following are selected, the patient will NOT meet criteria for prasterone.

☐ Undiagnosed abnormal genital bleeding

Inclusion Criteria

All the following criteria must be selected to meet criteria.

☐ Moderate to severe dyspareunia and/or vaginal dryness as a symptom of vulvar or vaginal atrophy due to menopause

☐ Intolerance, inadequate response, or unable to use vaginal estrogen

Additional Inclusion Criteria

Select if applicable.

☐ For patients with known or suspected history of breast cancer: Use a multidisciplinary, shared decision-making approach considering potential unknown risk and benefit.^1

Other Justification

☐ _____

1. Prasterone is metabolized into estrogen. Data evaluating the use of prasterone in patients with breast cancer is very limited.

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Contact: Lisa Longo, PharmD, BCPS, National Program Manager, VA Pharmacy Benefits Management Services – Formulary Management (12PBM)