

DRUG REVIEW



Vulvovaginal Atrophy - Novel Treatment Options

Vulvovaginal atrophy (VVA) is the thinning, drying and inflammation of the vaginal wall caused by low estrogen production as the result of menopause (permanent cessation of menstrual periods). Symptoms may include painful intercourse, vaginal dryness and irritation, recurrent urinary tract infections, and frequent urge to urinate. The symptoms of VVA are progressive and chronic and can significantly impair a woman's quality of life, sexual function, and partner relationships. VVA symptoms affect approximately 84% of women within the first six years after menopause. However, it is estimated that only 7 to 9% of women receive a prescribed treatment.

The first-line therapies recommended for the treatment of VVA symptoms include non-hormonal vaginal lubricants and long-acting vaginal moisturizers used several times per week. Vaginal estrogen therapy is recommended for women who do not respond to non-hormonal lubricants and moisturizers. These therapies are available in various forms, including topical creams (i.e., Estragyn, Premarin), tablets (i.e., Vagifem), and vaginal inserts (i.e., Estring). However, available estrogen therapies have poor patient compliance and adherence, and many women have concerns due to the increased risk of coronary heart disease, breast cancer and stroke. It is estimated that 57% of women treated with tablets and 89% of women treated with creams discontinue their therapies after only one prescription.

New therapies, Imvexxy, Intrarosa and Osphena are now available for effective treatment of WA symptoms. Unlike the current estrogen therapies available, these options either have low doses of estrogen or are non-estrogen hormonal therapies.

Imvexxy is a low-dose vaginal estrogen soft gel that provides a rapid onset of action and is convenient due to its applicator-free nature. Containing a fixed dose of estradiol (a form of estrogen), it is designed to restore vaginal tissue and provide relief from painful intercourse without increasing absorption into the blood.

Intrarosa and Osphena are non-estrogen-based treatment options. Intrarosa is administered as a vaginal ovule and acts locally on vaginal cells to increase estrogen levels. Combining its unique mechanism and local application, Intrarosa minimizes hormone exposure to the rest of the body, thereby offering a safer alternative to estrogen-based therapies. Osphena is an oral option that selectively binds to estrogen receptors on the vaginal lining and has no significant effects on the breast or endometrium. It is the only non-hormonal option currently available. Both Intrarosa and Osphena are efficacious and safe in treating VVA symptoms such as vaginal dryness and painful intercourse.

The costs of Imvexxy, Intrarosa and Osphena are comparable to other estrogen therapies reimbursed for postmenopausal vulvovaginal atrophy. Given their clinical benefit and safety profile, these new treatment options will be fully covered for ClaimSecure plans.

Drug	Estimated Price/Year
Imvexxy	\$413.68 (Year 1) \$377.39 (Year 2)
Intrarosa	\$529.25
Osphena	\$567.21

ClaimSecure Inc. reserves the right to amend in part, or in its entirety, its Special Authorization guidelines.

References

- 1. Imvexxy Product Monograph. Knight Therapeutics Inc. August 2020.
- 2. Intrarosa Product Monograph. Endoceutics Inc. October 2021
- 3. Osphena Product Monograph. Duchesnay Inc. July 2021.

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