Prasterone (Intrarosa®) for the treatment of vulvar and vaginal atrophy

NHS Devon

Commissioning policy

The routine commissioning of prasterone (Intrarosa®) is not accepted in Devon for the treatment of vulvar and vaginal atrophy.

The Formulary Interface Group should not include this in locally defined treatment recommendations.

Rationale for the decision

The decline in oestrogen in postmenopausal women results in a decrease in vaginal lubrication, an early symptom of vulvovaginal atrophy (VVA). Other symptoms include burning, dyspareunia (vaginal pain associated with sexual activity), loss of vaginal secretions, leukorrhea (vaginal discharge), vulvar pruritus, feelings of pressure and bleeding. VVA can also be associated with urinary symptoms, such as urethral discomfort, frequency, haematuria, urinary tract infections, dysuria and stress incontinence.

Management of VVA is usually with moisturisers, lubricants and topical oestrogens. Prasterone is a precursor steroid to oestrogens and androgens. The acquisition cost of prasterone is higher than currently commissioned topical vaginal oestrogens. Clinical trials of prasterone are limited to comparisons with placebo and therefore there is a lack of evidence to demonstrate that prasterone is superior to existing preparations. The committee considered whether restricted use should be commissioned for patients who do not gain adequate symptom relief from, or are intolerant of, topical vaginal oestrogens. Given the higher costs, and as there is no evidence that patients who have failed topical vaginal oestrogens will respond to prasterone, it is not considered to represent good value to the local health economy.

Guidance notes on exceptionality

This general policy does not replace clinical judgement on the appropriate treatment of an individual patient.

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