

# VAGINAL ANTIMICROBIALS PRIOR AUTHORIZATION REQUEST FORM



**OptumRx**  
 P.O. Box 25184  
 Santa Ana, CA, 92799  
 Phone: (800) 310-6826 Fax: (866) 940-7328



Today's Date

□□ / □□ / □□□□

**Note: This form must be completed by the prescribing provider.**

**\*\*All sections must be completed or the request will be returned\*\***

Patient's Medicaid # □□□□□□□□□□	Date of Birth □□ / □□ / □□□□
Patient's Name	Prescriber's Name
Prescriber's IN License # □□□□□□□□	Specialty
Prescriber's NPI # □□□□□□□□□□	Prescriber's Signature
Return Fax # □□□□ - □□□□ - □□□□	Return Phone # □□□□ - □□□□ - □□□□□□
Check box if requesting retro-active PA <input type="checkbox"/>	Date(s) of service requested for retro-active eligibility (if applicable):

*Note: Submit PA requests for retroactive claims (dates of service prior to eligibility determination, but within established eligibility timelines) with dates of service prior to 30 calendar days of submission separately from current PA requests (dates of service 30 calendar days or less and going forward).*

Requested Medication	Strength	Quantity	Dosage Regimen

### PA requirements for BREXAFEMME (ibrexafungerp):

1. Select one of the following diagnoses:
  - Diagnosis of acute vulvovaginal candidiasis
  - Diagnosis of recurrent vulvovaginal candidiasis (must provide documentation of 3 or more episodes of vulvovaginal candidiasis within the past year)
2. For members less than 18 years of age: provider attests member is postmenarchal  Yes  No  
 Provider printed name and signature: \_\_\_\_\_
3. For those of childbearing potential, documentation of a negative pregnancy test within the past 30 days attached  Yes  No
4. Member has a trial and failure history of oral fluconazole within the past year  Yes  No  
 If no, provide medical rationale supporting use of Brexafemme (ibrexafungerp) over oral fluconazole  
 \_\_\_\_\_

**PA requirements for VIVJOA (oteseconazole):**

1. Diagnosis of recurrent vulvovaginal candidiasis  Yes  No

**Note:** provide documentation of 3 or more episodes of vulvovaginal candidiasis experienced by member within the past year

2. Member is 18 years of age or older  Yes  No

3. Provider attests member is not considered to be of reproductive potential  Yes  No

4. Member has a trial and failure history of oral fluconazole within the past year  Yes  No

**CONFIDENTIAL INFORMATION**

This facsimile transmission (and attachments) may contain protected health information from the Indiana Health Coverage Programs (IHCP), which is intended only for the use of the individual or entity named in this transmission sheet. Any unintended recipient is hereby notified that the information is privileged and confidential, and any use, disclosure, or reproduction of this information is prohibited.