CareSource Rxinnovations

INDIANA HEALTH COVERAGE PROGRAMS (IHCP) PHARMACY BENEFIT VAGINAL ANTIMICROBIALS PRIOR AUTHORIZATION REQUEST FORM

CareSource Pharmacy Prior Authorization Form
P.O. Box 8738
Dayton, OH 45401-8738
Fax: (866) 930-0019

Today's Date
☐☐ / ☐☐ / ☐☐☐☐

Non-Urgent ☐ Urgent ☐

Note: This form must be completed by the prescribing provider.
All sections must be completed or the request will be returned*

Patient's CareSource # ☐☐☐☐☐☐☐☐☐☐☐☐	Date of Birth ☐☐ / ☐☐ / ☐☐☐☐
Patient's Name	Prescriber's Name
Prescriber's Indiana License # ☐☐☐☐☐☐☐☐	Specialty
Prescriber's NPI # ☐☐☐☐☐☐☐☐☐☐	Office Contact
Prescriber Fax ☐☐☐ - ☐☐☐ - ☐☐☐☐	Prescriber's Phone # ☐☐☐ - ☐☐☐ - ☐☐☐☐
Prescriber address	Date(s) of Service _____ Start Date _____

Requested Medication	Strength	Quantity	Directions for Use

I attest that the information on this form is accurate:

Physician Signature: _____ **Date:** _____

PA Requirements for BREXAFEMME (ibrexafungerp):

1. Select one of the following diagnoses:
   - ☐ Diagnosis of acute vulvovaginal candidiasis Diagnosis Code: _____
   - ☐ Diagnosis of recurrent vulvovaginal candidiasis (must provide documentation of three or more episodes of vulvovaginal candidiasis within the past year) Diagnosis Code: _____
2. For members less than 18 years of age: Provider attests the member is postmenarchal? □ Yes □ No

   Provider Printed Name: _____

   Provider Signature: _____
3. Documentation of a negative pregnancy test within the past 30 days is attached (if applicable)? □ Yes □ No
4. Has the member had 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 Diagnosis Code: _____

   Note: Provide documentation of three or more episodes of vulvovaginal candidiasis experienced by member within the past year.

2. Is the member 18 years of age or older? □Yes □ No

3. Does the provider attest the member is not considered to be of reproductive potential? □ Yes □ No

4. Has the member had a trial and failure history of oral fluconazole within the past year? □ Yes □ No

   If no, provide medical rationale supporting use of Vivjoa (otesenconazole) over oral fluconazole:

   _____
   _____
   _____