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 IN License # ☐☐☐☐☐☐☐☐	Specialty
Prescriber's NPI # ☐☐☐☐☐☐☐☐☐☐	Office Contact
Prescriber's Fax ☐☐☐ - ☐☐☐ - ☐☐☐☐	Prescriber's Phone ☐☐☐ - ☐☐☐ - ☐☐☐☐
Prescriber's Address	Date(s) of Service: _____ Start Date: _____

Requested Medication	Strength	Directions for Use	Quantity

I attest that the provided information is accurate:

Physician Signature: _____ **Date:** _____

PA Requirements for BREXAFEMME (ibrexafungerp):

1. One of the following diagnoses: Diagnosis Code: _____

   ☐ 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) Diagnosis code: _____

2. For members less than 18 years of age: provider attests member is postmenarchal? ☐ Yes ☐ No

   Provider printed & name signature:_____

3. 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 yes, trial date and reason stopped. **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: Documentation of 3 or more episodes of vulvovaginal candidiasis within the past year is required.

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