

SENTARA HEALTH PLANS

PHARMACY PRIOR AUTHORIZATION/STEP-EDIT REQUEST*

Directions: The prescribing physician must sign and clearly print name (preprinted stamps not valid) on this request. All other information may be filled in by office staff; fax to **1-800-750-9692**. No additional phone calls will be necessary if all information (including phone and fax #s) on this form is correct. If information provided is not complete, correct, or legible, authorization may be delayed.

Drug Requested: Brexafemme[®] (ibrexafungerp)

MEMBER & PRESCRIBER INFORMATION: Authorization may be delayed if incomplete.

Member Name: _____

Member Sentara #: _____ Date of Birth: _____

Prescriber Name: _____

Prescriber Signature: _____ Date: _____

Office Contact Name: _____

Phone Number: _____ Fax Number: _____

DEA OR NPI #: _____

DRUG INFORMATION: Authorization may be delayed if incomplete.

Drug Form/Strength: _____

Dosing Schedule: _____ Length of Therapy: _____

Diagnosis: _____ ICD Code: _____

Weight: _____ Date: _____

CLINICAL CRITERIA: Check below all that apply. All criteria must be met for approval. To support each line checked, all documentation, including lab results, diagnostics, and/or chart notes, must be provided or request may be denied.

Diagnosis: Vulvovaginal Candidiasis (VVC), acute infection

Recommended Dosing: 300 mg every 12 hours for 1 day (2 doses)

Length of Authorization: Date of Service, one-time fill

- Member is post-menarchal
- Provider has confirmed that the member is not pregnant
- Member has a current diagnosis for acute, uncomplicated vulvovaginal candidiasis (VVC) (**please include laboratory documentation or medical chart notes to confirm diagnosis i.e., urinalysis, microscopic examination via 10% KOH**)

(Continued on next page)

- ❑ Trial and failure of oral fluconazole at the recommended dosage of 150 mg as a single dose for the treatment of VVC (**pharmacy claims history and chart notes must confirm failure**)
- ❑ Trial and failure of two topical agents (suppository inserts/ovules/creams) for the treatment of VVC (**pharmacy claims history and chart notes must confirm failure**)
 - ❑ Gynazole-1 vaginal cream 2 %
 - ❑ Terconazole vaginal cream 0.4 %, 0.8 %
 - ❑ Terconazole vaginal suppository 80 mg
 - ❑ OTC products: tioconazole ointment 6.5%, miconazole suppository 100 mg/200 mg, clotrimazole cream 1%, 2% /100 mg suppository

Diagnosis: Recurring Vulvovaginal Candidiasis (RVVC)
Recommended Dosing: 300 mg every 12 hours for 1 (2 doses); repeat monthly for a total of 6 months
<u>Length of Authorization: 6 months</u>

- ❑ Member is post-menarchal
- ❑ Provider has confirmed that the member is not pregnant
- ❑ Member is currently experiencing signs and symptoms consistent with an acute episode of VVC (e.g., vulvovaginal pain, pruritis or irritation, abnormal vaginal discharge), **AND** it is a laboratory confirmed VVC episode (**please include laboratory documentation or medical chart notes to confirm diagnosis i.e., urinalysis, microscopic examination via 10% KOH, culture**)
- ❑ Member has a history of recurring VVC (RVVC) (**please include past medical history notes recording RVVC, defined as ≥ 3 episodes of vulvovaginal candidiasis (VVC) in a 12-month period**)
- ❑ Member remains symptomatic and culture positive after therapy with fluconazole, completing a 6-month dosing regimen as follows unless intolerant or contraindicated (**please include medical chart/progress notes and laboratory results; pharmacy claims history and chart notes must confirm failure, intolerance or contraindication to therapy**):
 - ❑ 100, 150 or 200 mg oral dose of fluconazole every third day for a total of 3 doses (days 1, 4 and 7)
 - ❑ Followed by oral fluconazole (100, 150 or 200 mg oral dose) weekly for 6 months as the maintenance regimen

Not all drugs may be covered under every Plan

If a drug is non-formulary on a Plan, documentation of medical necessity will be required.

*****Use of samples to initiate therapy does not meet step edit/ preauthorization criteria.*****

****Previous therapies will be verified through pharmacy paid claims or submitted chart notes.****