

**MHS PHARMACY BENEFIT
VAGINAL ANTIMICROBIALS PRIOR AUTHORIZATION REQUEST FORM**

MHS
550 N. Meridian St. Suite 101
Indianapolis, IN, 46204-1208
Phone: (877) 647-4848 Fax: (866) 399-0929



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	Patient's Name		
Prescriber's IN License #	□□□□□□□□□□	Specialty	Specialty
Prescriber's NPI #	□□□□□□□□□□□□□□	Prescriber's Signature	Prescriber's Signature
Return Fax #	□□□□ - □□□□ - □□□□□□	Return Phone #	□□□□ - □□□□ - □□□□□□
Check box if requesting retroactive PA	<input type="checkbox"/>	Date(s) of service requested for retroactive 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	Dosage Regimen

PA Requirements for BREXAFEMME (ibrexafungerp):

- 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)
- For members less than 18 years of age: provider attests member is postmenarchal Yes No
 Provider printed name and signature: _____
- Documentation of a negative pregnancy test within the past 30 days attached Yes No
- 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

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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

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