

Clinical Pharmacy Program Guidelines for Phexxi

Program	Prior Authorization
Medication	Phexxi (lactic acid, citric acid, and potassium bitartrate) vaginal gel
Markets in Scope	Arizona, California, Colorado, Hawaii, Maryland, Nevada, New Jersey, New York, New York EPP, Pennsylvania-CHIP, Rhode Island, South Carolina
Issue Date	10/2020
Pharmacy and Therapeutics Approval Date	10/2020
Effective Date	12/2020

1. Background:

Phexxi (lactic acid, citric acid, and potassium bitartrate) vaginal gel is indicated for the prevention of pregnancy in females of reproductive potential for use as an on-demand method of contraception. Phexxi is not effective for the prevention of pregnancy when administered after intercourse.

2. Coverage Criteria:

A. Initial Authorization

1. Phexxi will be approved based on **all** of the following criteria:

- a. Used for the prevention of pregnancy

-AND-

- b. Patient is unable to use **all** of following other methods of contraception due to failure, contraindication, intolerance or refusal (document reason for each method):

- 1) Injection (e.g., Depo-Provera)
- 2) Oral Contraceptive [e.g., norethindrone (generic Micronor), Yaz]
- 3) Transdermal Patch (e.g. Twirla, Xulane)
- 4) Vaginal Contraceptive Ring (e.g., Annovera, NuvaRing)
- 5) Diaphragm
- 6) Sponge (e.g. Today)
- 7) Cervical Cap (e.g., FemCap)
- 8) Female Condom

-AND-

- c. History of failure, contraindication, or intolerance to nonoxynol-9

-AND-

- d. Prescriber attests the benefits of Phexxi outweighs the risk of a high pregnancy rate with Phexxi use

Authorization will be issued for 12 months.

3. Additional Clinical Programs:

- Notwithstanding Coverage Criteria, UnitedHealthcare may approve initial and re-authorization based solely on previous claim/medication history, diagnosis codes (ICD-10) and/or claim logic. Use of automated approval and re-approval processes varies by program and/or therapeutic class.
- Supply limits may be in place.

4. References:

1. Phexxi [package insert]. San Diego, CA: Evofem, Inc; July 2020.

Program	Prior Authorization –Phexxi
Change Control	
10/2020	New program.