Program Number | 2021 P 2220-3
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Program | Prior Authorization – Medical Necessity
Medication | Phexxi (lactic acid, citric acid, and potassium bitartrate) vaginal gel
P&T Approval Date | 10/2020, 3/2021, 5/2021
Effective Date | 8/1/2021; Oxford only: 8/1/2021

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. 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 based spermicide

      -AND-
d. Provider attests they have counseled the patient regarding a higher rate of pregnancy prevention with the use of other methods of contraception (e.g., injection, oral contraception, transdermal patch, vaginal ring) compared to Phexxi.

**Authorization will be issued for 12 months.**

a State mandates may apply. Any federal regulatory requirements and the member specific benefit plan coverage may also impact coverage criteria. Other policies and utilization management programs may apply.

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.

4. **References:**

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