

Program Number	2025 P 2220-7
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, 5/2022, 5/2023, 5/2024, 5/2025
Effective Date	8/1/2025

**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<sup>a</sup>:****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 other methods of contraception due to failure, contraindication, intolerance or refusal. Examples include:

- 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.**

<sup>a</sup> 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:

1. Phexxi [package insert]. San Diego, CA: Evofem, Inc; June 2023.

Program	Prior Authorization – Medical Necessity Phexxi
Change Control	
10/2020	New program.
3/2021	Modified provider attestation statement.
5/2021	Modified provider attestation statement.
5/2022	Annual review. Updated references.
5/2023	Annual review. Updated methods of contraception to examples a member is unable to use.
5/2024	Annual review. Updated references.
5/2025	Annual review. No changes.