

#### UnitedHealthcare Pharmacy Clinical Pharmacy Programs

Program Number	2023 P 2284-2
Program	Prior Authorization/Medical Necessity
Medication	Vivjoa <sup>®</sup> (oteseconazole)
P&T Approval Date	8/2022, 8/2023
Effective Date	11/1/2023

## 1. Background:

Vivjoa (oteseconazole) is an azole antifungal indicated to reduce the incidence of recurrent vulvovaginal candidiasis (RVVC) in females with a history of RVVC who are not of reproductive potential.

## 2. Coverage Criteria<sup>a</sup>:

## A. Authorization

- 1. Vivjoa will be approved based on <u>all</u> of the following criteria:
  - a. Diagnosis of recurrent vulvovaginal candidiasis

#### -AND-

b. Patient is not of reproductive potential (i.e., persons who are biological females who are postmenopausal or have another reason for permanent infertility [(e.g., tubal ligation, hysterectomy, salpingo-oophorectomy)]

#### -AND-

- c. Both of the following:
  - 1) Other causes (including but not limited to bacterial vaginosis or trichomoniasis) have been ruled out

#### -AND-

 Failure of a maintenance course of oral fluconazole defined as 100-mg, 150-mg, or 200-mg taken weekly for 6 months<sup>b</sup>.

## -AND-

d. Prescribed by or in consultation with one of the following:

1) Infectious disease physician
2) Obstetrician/Gynecologist

# Authorization will be issued for 4 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

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management programs may apply.

<sup>b</sup> For Connecticut business, only a 60-day trial will be required. For Kentucky and Mississippi business, only a 30-day trial will be required.

## 3. Additional Clinical Rules:

- 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.
- Step Therapy may be in place

# 4. References:

- 1. Vivjoa [package insert]. Durham, NC: Mycovia Pharmaceuticals, Inc; April 2022.
- 2. Sexually Transmitted Infections Treatment Guidelines, 2021. Vulvovaginal Candidiasis (VVC). Centers for Disease Control and Prevention. https://www.cdc.gov/std/treatment-guidelines/candidiasis.htm. Accessed June 2023.

Program	Prior Authorization/Medical Necessity - Vivjoa
Change Control	
8/2022	New program.
8/2023	Annual review. No changes.