

UnitedHealthcare Pharmacy
Clinical Pharmacy Programs

Program Number	2024 P 2284-3
Program	Prior Authorization/Medical Necessity
Medication	Vivjoa® (oteseconazole)
P&T Approval Date	8/2022, 8/2023, 8/2024
Effective Date	11/1/2024

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^a:**A. Authorization**

1. **Vivjoa** will be approved based on **all** 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-

2) Failure of a maintenance course of oral fluconazole defined as 100-mg, 150-mg, or 200-mg taken weekly for 6 months^b.

-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.

^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.

^b For Connecticut, 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 July 2024..

Program	Prior Authorization/Medical Necessity - Vivjoa
Change Control	
8/2022	New program.
8/2023	Annual review. No changes.
8/2024	Annual review. Updated regulatory statement.