



STANDARD COMMERCIAL DRUG FORMULARY
PRIOR AUTHORIZATION GUIDELINES

OTESECONAZOLE

Generic	Brand	HICL	GCN	Medi-Span	Exception/Other
OTESECONAZOLE	VIVJOA	47976		GPI-10 (1140805000)	

GUIDELINES FOR USE

1. Is the request for the reduction in the incidence of recurrent vulvovaginal candidiasis (RVVC) and the patient meets **ALL** of the following criteria?

- The patient is female
- The patient is NOT of reproductive potential (defined as a biological female who is postmenopausal or has another reason for permanent infertility [e.g., tubal ligation, hysterectomy, salpingo-oophorectomy])
- The patient is NOT currently on ibrexafungerp for RVVC

If yes, continue to #2.

If no, do not approve.

DENIAL TEXT: See the denial text at the end of the guideline.

2. Has the patient previously received Vivjoa?

If yes, continue to #4.

If no, continue to #3.

3. Has the patient had 3 or more episodes of VVC in the past 12 months?

If yes, **approve for 3 months by HICL or GPI-10 with a quantity limit of #18 per 12 weeks.**

If no, do not approve.

DENIAL TEXT: See the denial text at the end of the guideline.

4. Does the patient meet **ALL** of the following criteria?

- The patient has successfully completed a course of Vivjoa for prevention of RVVC
- The patient is either being treated or has just completed treatment for a new recurrence of VVC

If yes, **approve for 3 months by HICL or GPI-10 with a quantity limit of #18 per 12 weeks.**

If no, do not approve.

DENIAL TEXT: See the denial text at the end of the guideline.

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GUIDELINES FOR USE (CONTINUED)

DENIAL TEXT: *Some terms are already pre-defined in parenthesis. Please use these definitions if the particular text you need to use does not already have definition(s) in it.

Our guideline named **OTESECONAZOLE (Vivjoa)** requires the following rule(s) be met for approval:

- A. You have recurrent vulvovaginal candidiasis (RVVC: a repeating vaginal fungal infection)
- B. You are female
- C. You are not able to reproduce, which means you are a biological female and are postmenopausal (after menopause) or you have another reason for permanent infertility (such as tubal ligation [having tubes tied], hysterectomy [removal of the uterus], salpingo-oophorectomy [removal of an ovary and its fallopian tube])
- D. You are NOT currently on ibrexafungerp for RVVC
- E. **If you have not previously received Vivjoa, approval also requires:**
 - 1. You had 3 or more episodes of RVVC in the past 12 months
- F. **If you have previously received Vivjoa, approval also requires:**
 - 1. You have successfully completed a course of Vivjoa for prevention of RVVC
 - 2. You are either being treated or have just completed treatment for a new recurrence of VVC

Your doctor told us [INSERT PT SPECIFIC INFO PROVIDED]. We do not have information showing you [INSERT UNMET CRITERIA]. This is why your request is denied. Please work with your doctor to use a different medication or get us more information if it will allow us to approve this request.

RATIONALE

For further information, please refer to the Prescribing Information and/or Drug Monograph for Vivjoa.

REFERENCES

- Vivjoa [Prescribing Information]. Durham, NC: Mycovia Pharmaceuticals, Inc.; April 2022.

Library	Commercial	NSA
Yes	Yes	No

Part D Effective: N/A

Commercial Effective: 04/01/23

Created: 07/22

Client Approval: 02/23

P&T Approval: 01/23