Louisiana Medicaid
Oteseconazole (Vivjoa™)

The *Louisiana Uniform Prescription Drug Prior Authorization Form* should be utilized to request clinical authorization for oteseconazole (Vivjoa™).

Additional Point-of-Sale edits may apply.

*This agent may have **Black Box Warnings**, and/or may be subject to **Risk Evaluation and Mitigation Strategy (REMS)** under FDA safety regulations. Please refer to individual prescribing information for details*.

Approval Criteria

- The recipient has a diagnosis of recurrent vulvovaginal candidiasis (RVVC); **AND**
- The prescriber **states on the request** that the recipient has experienced ≥ 3 episodes of vulvovaginal candidiasis in less than one year; **AND**
- The prescriber **states on the request** that the recipient is not of reproductive potential defined by **ONE** of the following:
    - Postmenopausal; **OR**
    - Another reason for permanent infertility (e.g., tubal ligation, hysterectomy, salpingo-oophorectomy); **AND**
- The recipient has had a treatment failure, contraindication, or intolerance to a six-month maintenance course of oral fluconazole; **AND**
- If the request is for a non-preferred agent - **ONE** of the following is required:
    - The recipient has had a *treatment failure* with at least one preferred product; **OR**
    - The recipient has had an *intolerable side effect* to at least one preferred product; **OR**
    - The recipient has *documented contraindication(s)* to all of the preferred products that are appropriate to use for the condition being treated; **OR**
    - There is *no preferred product that is appropriate* to use for the condition being treated; **AND**
- By submitting the authorization request, the prescriber attests to the following:
    - The prescribing information for the requested medication has been thoroughly reviewed, including any Black Box Warning, Risk Evaluation and Mitigation Strategy (REMS), contraindications, minimum age requirements, recommended dosing, and prior treatment requirements; **AND**
    - All laboratory testing and clinical monitoring recommended in the prescribing information have been completed as of the date of the request and will be repeated as recommended; **AND**
    - The recipient has no concomitant drug therapies or disease states that limit the use of the requested medication and will not be receiving the requested medication in combination with any other medication that is contraindicated or not recommended per FDA labeling.

Duration of authorization approval: 14 weeks

References

Pappas PG, Kauffman CA, Andes DR, et al. Clinical Practice Guideline for the Management of Candidiasis: 2016 Update by the Infectious Diseases Society of America. CID 2016:62(4):e1-50.

Vivjoa (oteseconazole) [package insert]. Durham, NC: Mycovia Pharmaceuticals, Inc; April 2022. https://vivjoa.com/pdf/VIVJOA-Full-Prescribing-Information.pdf

Revision / Date	Implementation Date
Policy Created / August 2022	January 2023