

Policy Name:	Vivjoa (oteseconazole)	Policy #:	3164P
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Purpose of the Policy

The purpose of this policy is to establish the criteria for coverage of Vivjoa (oteseconazole).

Statement of the Policy

Health Alliance Medical Plans will approve the use of Vivjoa (oteseconazole) under the pharmacy benefit when the following criteria have been met.

Criteria

1. Recurrent Vulvovaginal Candidiasis (RVVC)

- 1.1 Documented diagnosis of recurrent vulvovaginal candidiasis
 - Recurrent defined as ≥ 3 symptomatic episodes of VVC within the previous 12 months
 - Acute episodes must be confirmed VVC as evidenced by positive KOH test
- 1.2 Age 12 years or older and biologically female
- 1.3 Patient is post-menopausal or not of reproductive potential due to some other female infertility
- 1.4 Patient has experienced a recurrence during or following 6 months of oral fluconazole maintenance treatment or has a contraindication to fluconazole

2. Exclusion Criteria

- 2.1 Vivjoa will not be covered in combination with Brexafemme for the prevention of RVVC

3. Managed Dose Limit

- 3.1 #18 capsules per 365 days

4. Approval Period

- 4.1 Limited to one treatment course per 12 months

CPT Codes

HCPCS Codes

References

1. Vivjoa (oteseconazole) [prescribing information]. Durham, NC: Mycovia Pharmaceuticals Inc; April 2024.
2. Study of Oral Oteseconazole (VT-1161) for Acute Yeast Infections in Patients With Recurrent Yeast Infections (ultraVIOLET). <https://beta.clinicaltrials.gov/study/NCT03840616?tab=results>
3. Vulvovaginal Candidiasis (VVC). Sexually Transmitted Infections Treatment Guidelines, 2021. Centers for Disease Control and Prevention. Updated July 22, 2021.
4. Pappas PG, et al. Clinical Practice Guideline for the Management of Candidiasis: 2016 Update by the Infectious Diseases Society of America. Clin Inf Dis. 2016;62(4):e1-e50.
5. American College of Obstetricians and Gynecologists (ACOG). Vaginitis in nonpregnant patients: ACOG practice bulletin, number 215. Obstet Gynecol. 2020;135(1):e1-e17

Created Date: 02/01/2023

Effective Date: 02/01/2023

Posted to Website: 02/01/2023

Revision Date: 02/05/25

DISCLAIMER

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