

Division: Pharmacy Policy	Subject: Prior Authorization Criteria
Original Development Date:	January 29, 2024
Original Effective Date:	
Revision Date:	

## Vivjoa <sup>™</sup> (oteseconazole)

## **LENGTH OF AUTHORIZATION:** 4 months

## **REVIEW CRITERIA:**

- Patient must be diagnosed with recurrent vulvovaginal candidiasis.
- Medical records submitted confirming more than 3 episodes/year.
- Patient is not of reproductive potential (i.e. postmenopausal, permanent infertility).
- Documentation of failure of a maintenance course of oral fluconazole defined as 100mg, 150mg, or 200mg weekly for 6 months.

## **DOSING AND ADMINISTRATION:**

- Refer to product labeling at <a href="https://www.accessdata.fda.gov/scripts/cder/daf/">https://www.accessdata.fda.gov/scripts/cder/daf/</a>
- Available as 150mg capsules.

