

Texas Prior Authorization Program  
Clinical Criteria

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## Drug/Drug Class

# Recurrent Vulvovaginal Candidiasis (RVVC) Agents

## Clinical Criteria Information included in this Document

### Vivjoa (Oteseconazole)

- [Drugs requiring prior authorization](#): the list of drugs requiring prior authorization for this clinical criteria
- [Prior authorization criteria logic](#): a description of how the prior authorization request will be evaluated against the clinical criteria rules
- [Logic diagram](#): a visual depiction of the clinical criteria logic
- [Supporting tables](#): a collection of information associated with the steps within the criteria (diagnosis codes, procedure codes, and therapy codes); provided when applicable
- [References](#): clinical publications and sources relevant to this clinical criteria

**Note:** Click the hyperlink to navigate directly to that section.

## Revision Notes

Annual review by staff

Added Table 7 for check of prior therapy

Updated references



## Vivjoa (Oteseconazole)

### Drugs Requiring Prior Authorization

The listed GCNs may not be an indication of Texas Medicaid Formulary coverage. To learn the current formulary coverage, visit [txvendordrug.com/formulary/formulary-search](https://txvendordrug.com/formulary/formulary-search).

Drugs Requiring Prior Authorization	
Label Name	GCN
VIVJOA 150 MG CAPSULE	52246



## Vivjoa (Oteseconazole)

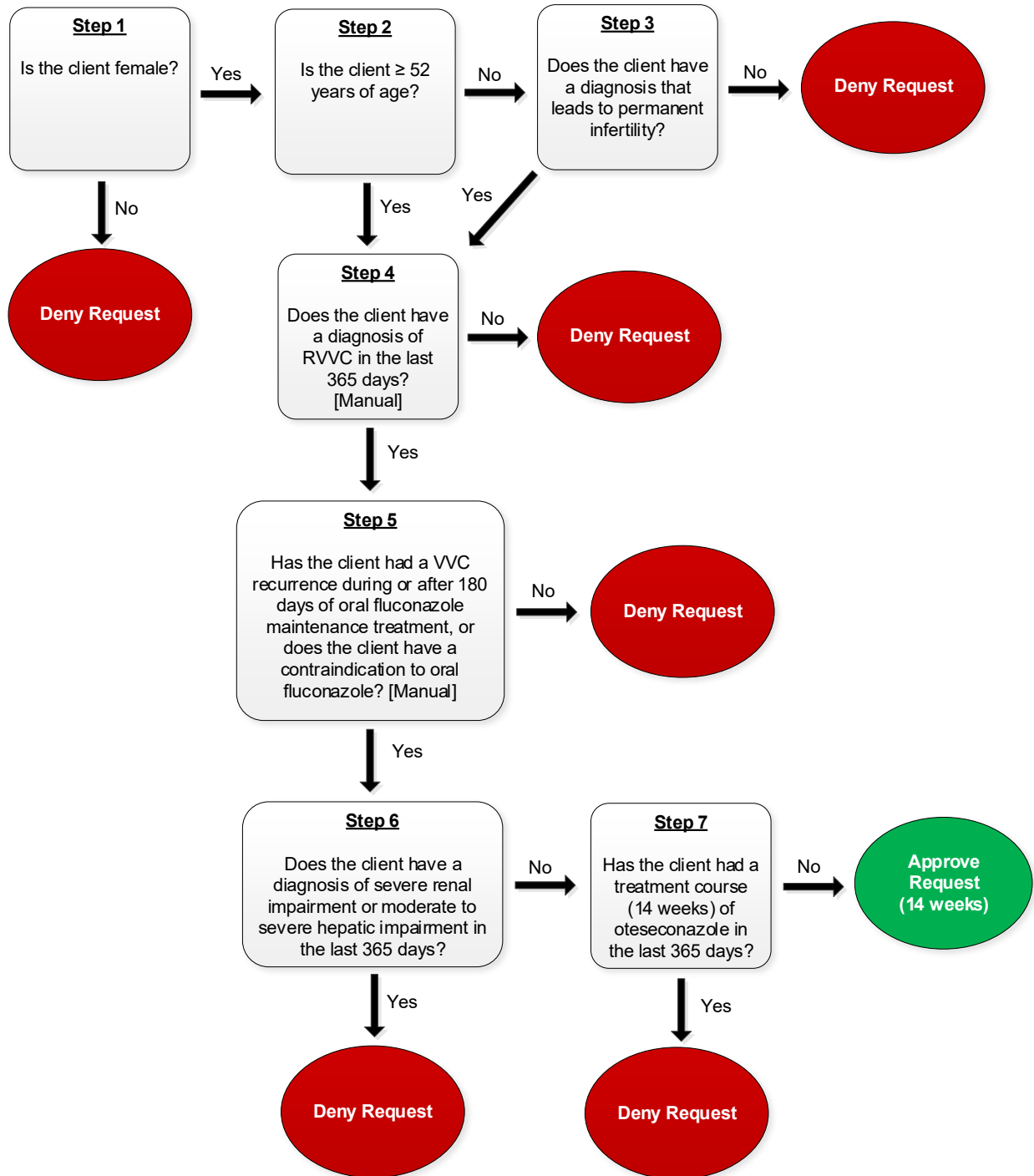
### Clinical Criteria Logic

1. Is the client female?  
☐ Yes – Go to #2  
☐ No – Deny
2. Is the client greater than or equal to ( $\geq$ ) 52 years of age?  
☐ Yes – Go to #4  
☐ No – Go to #3
3. Does the client have a diagnosis that leads to [permanent infertility](#) (tubal ligation, hysterectomy, or salpingo-oophorectomy)?  
☐ Yes – Go to #4  
☐ No – Deny
4. Does the client have a diagnosis of recurrent vulvovaginal candidiasis ( $\geq$  3 acute vulvovaginal candidiasis [VVC] episodes in 12 months) in the last 365 days? [Manual]  
☐ Yes – Go to #5  
☐ No – Deny
5. Has the client had a VVC recurrence during or after 180 days of oral fluconazole maintenance treatment, or does the client have a contraindication to oral fluconazole? [Manual]  
☐ Yes – Go to #6  
☐ No – Deny
6. Does the client have a [diagnosis of severe renal impairment or moderate to severe hepatic impairment](#) in the last 365 days?  
☐ Yes – Deny  
☐ No – Go to #7
7. Has the client had a treatment course (14 weeks) of [oteseconazole](#) in the last 365 days?  
☐ Yes – Deny  
☐ No – Approve (14 weeks)



## Vivjoa (Oteseconazole)

### Clinical Criteria Logic Diagram





## Vivjoa (Oteseconazole)

### Clinical Criteria Supporting Tables

<b>Table 3 (diagnosis that leads to permanent infertility)</b> <b>Required diagnosis: 1</b>	
<b>ICD-10 Code</b>	<b>Description</b>
N970	FEMALE INFERTILITY ASSOCIATED WITH ANOVULATION
N971	FEMALE INFERTILITY OF TUBAL ORIGIN
N972	FEMALE INFERTILITY OF UTERINE ORIGIN
N978	FEMALE INFERTILITY OF OTHER ORIGIN
N979	FEMALE INFERTILITY, UNSPECIFIED
Q5002	CONGENITAL ABSENCE OF OVARY, BILATERAL
Q510	DOUBLING OF UTERUS WITH DOUBLING OF CERVIX AND VAGINA WITHOUT OBSTRUCTION
Z302	ENCOUNTER FOR STERILIZATION
Z90710	ACQUIRED ABSENCE OF BOTH CERVIX AND UTERUS
Z90711	ACQUIRED ABSENCE OF UTERUS WITH REMAINING CERVICAL STUMP
Z90712	ACQUIRED ABSENCE OF CERVIX WITH REMAINING UTERUS
Z90722	ACQUIRED ABSENCE OF OVARIES, BILATERAL
Z9851	TUBAL LIGATION STATUS

<b>Table 6 (history of severe renal impairment or moderate to severe hepatic impairment)</b> <b>Required diagnosis: 1</b> <b>Look back timeframe: 365 days</b>	
<b>ICD-10 Code</b>	<b>Description</b>
B160	ACUTE HEPATITIS B WITH DELTA-AGENT WITH HEPATIC COMA
B161	ACUTE HEPATITIS B WITH DELTA-AGENT WITHOUT HEPATIC COMA

<b>Table 6 (history of severe renal impairment or moderate to severe hepatic impairment)</b> <b>Required diagnosis: 1</b> <b>Look back timeframe: 365 days</b>	
<b>ICD-10 Code</b>	<b>Description</b>
B162	ACUTE HEPATITIS B WITHOUT DELTA-AGENT WITH HEPATIC COMA
B169	ACUTE HEPATITIS B WITHOUT DELTA-AGENT AND WITHOUT HEPATIC COMA
B170	ACUTE DELTA-(SUPER) INFECTION OF HEPATITIS B CARRIER
B1710	ACUTE HEPATITIS C WITHOUT HEPATIC COMA
B1711	ACUTE HEPATITIS C WITH HEPATIC COMA
B172	ACUTE HEPATITIS E
B178	OTHER SPECIFIED ACUTE VIRAL HEPATITIS
B179	ACUTE VIRAL HEPATITIS, UNSPECIFIED
B180	CHRONIC VIRAL HEPATITIS B WITH DELTA-AGENT
B181	CHRONIC VIRAL HEPATITIS B WITHOUT DELTA-AGENT
B182	CHRONIC VIRAL HEPATITIS C
B188	OTHER CHRONIC VIRAL HEPATITIS
B189	CHRONIC VIRAL HEPATITIS, UNSPECIFIED
B190	UNSPECIFIED VIRAL HEPATITIS WITH HEPATIC COMA
B1910	UNSPECIFIED VIRAL HEPATITIS B WITHOUT HEPATIC COMA
B1911	UNSPECIFIED VIRAL HEPATITIS B WITH HEPATIC COMA
B1920	UNSPECIFIED VIRAL HEPATITIS C WITHOUT HEPATIC COMA
B1921	UNSPECIFIED VIRAL HEPATITIS C WITH HEPATIC COMA
B199	UNSPECIFIED VIRAL HEPATITIS WITHOUT HEPATIC COMA
K700	ALCOHOLIC FATTY LIVER
K7010	ALCOHOLIC HEPATITIS WITHOUT ASCITES
K7011	ALCOHOLIC HEPATITIS WITH ASCITES

<b>Table 6 (history of severe renal impairment or moderate to severe hepatic impairment)</b> <b>Required diagnosis: 1</b> <b>Look back timeframe: 365 days</b>	
<b>ICD-10 Code</b>	<b>Description</b>
K702	ALCOHOLIC FIBROSIS AND SCLEROSIS OF LIVER
K7030	ALCOHOLIC CIRRHOSIS OF LIVER WITHOUT ASCITES
K7031	ALCOHOLIC CIRRHOSIS OF LIVER WITH ASCITES
K7040	ALCOHOLIC HEPATIC FAILURE WITHOUT COMA
K7041	ALCOHOLIC HEPATIC FAILURE WITH COMA
K709	ALCOHOLIC LIVER DISEASE, UNSPECIFIED
K710	TOXIC LIVER DISEASE WITH CHOLESTASIS
K7110	TOXIC LIVER DISEASE WITH HEPATIC NECROSIS WITHOUT COMA
K7111	TOXIC LIVER DISEASE WITH HEPATIC NECROSIS WITH COMA
K712	TOXIC LIVER DISEASE WITH ACUTE HEPATITIS
K713	TOXIC LIVER DISEASE WITH CHRONIC PERSISTENT HEPATITIS
K714	TOXIC LIVER DISEASE WITH CHRONIC LOBULAR HEPATITIS
K7150	TOXIC LIVER DISEASE WITH CHRONIC ACTIVE HEPATITIS WITHOUT ASCITES
K7151	TOXIC LIVER DISEASE WITH CHRONIC ACTIVE HEPATITIS WITH ASCITES
K716	TOXIC LIVER DISEASE WITH HEPATITIS, NOT ELSEWHERE CLASSIFIED
K717	TOXIC LIVER DISEASE WITH FIBROSIS AND CIRRHOSIS OF LIVER
K718	TOXIC LIVER DISEASE WITH OTHER DISORDERS OF LIVER
K719	TOXIC LIVER DISEASE, UNSPECIFIED
K7200	ACUTE AND SUBACUTE HEPATIC FAILURE WITHOUT COMA
K7201	ACUTE AND SUBACUTE HEPATIC FAILURE WITH COMA
K7210	CHRONIC HEPATIC FAILURE WITHOUT COMA
K7211	CHRONIC HEPATIC FAILURE WITH COMA

<b>Table 6 (history of severe renal impairment or moderate to severe hepatic impairment)</b> <b>Required diagnosis: 1</b> <b>Look back timeframe: 365 days</b>	
<b>ICD-10 Code</b>	<b>Description</b>
K7290	HEPATIC FAILURE, UNSPECIFIED WITHOUT COMA
K7291	HEPATIC FAILURE, UNSPECIFIED WITH COMA
K730	CHRONIC PERSISTENT HEPATITIS, NOT ELSEWHERE CLASSIFIED
K731	CHRONIC LOBULAR HEPATITIS, NOT ELSEWHERE CLASSIFIED
K732	CHRONIC ACTIVE HEPATITIS, NOT ELSEWHERE CLASSIFIED
K738	OTHER CHRONIC HEPATITIS, NOT ELSEWHERE CLASSIFIED
K739	CHRONIC HEPATITIS, UNSPECIFIED
K740	HEPATIC FIBROSIS
K741	HEPATIC SCLEROSIS
K742	HEPATIC FIBROSIS WITH HEPATIC SCLEROSIS
K743	PRIMARY BILIARY CIRRHOSIS
K744	SECONDARY BILIARY CIRRHOSIS
K745	BILIARY CIRRHOSIS, UNSPECIFIED
K7460	UNSPECIFIED CIRRHOSIS OF LIVER
K7469	OTHER CIRRHOSIS OF LIVER
K750	ABSCCESS OF LIVER
K751	PHLEBITIS OF PORTAL VEIN
K752	NONSPECIFIC REACTIVE HEPATITIS
K753	GRANULOMATOUS HEPATITIS, NOT ELSEWHERE CLASSIFIED
K754	AUTOIMMUNE HEPATITIS
K7581	NONALCOHOLIC STEATOHEPATITIS (NASH)
K7589	OTHER SPECIFIED INFLAMMATORY LIVER DISEASES



<b>Table 6 (history of severe renal impairment or moderate to severe hepatic impairment)</b> <b>Required diagnosis: 1</b> <b>Look back timeframe: 365 days</b>	
<b>ICD-10 Code</b>	<b>Description</b>
K759	INFLAMMATORY LIVER DISEASE, UNSPECIFIED
K761	CHRONIC PASSIVE CONGESTION OF LIVER
K763	INFARCTION OF LIVER
K7689	OTHER SPECIFIED DISEASES OF LIVER
K769	LIVER DISEASE, UNSPECIFIED
K77	LIVER DISORDERS IN DISEASES CLASSIFIED ELSEWHERE
N184	CHRONIC KIDNEY DISEASE, STAGE 4 (SEVERE) (eGFR 29-15 mL/min)
N185	CHRONIC KIDNEY DISEASE, STAGE 5 (eGFR < 15 mL/min)

<b>Table 7 (oteseconazole)</b> <b>Required claims: 1</b> <b>Therapy duration: 14 weeks</b> <b>Lookback timeframe: 365 days</b>	
<b>GCN</b>	<b>Label Name</b>
52246	VIVJOA 150 MG CAPSULE



## RVVC Agents

### Clinical Criteria References

1. Clinical Pharmacology [online database]. Tampa, FL: Elsevier/Gold Standard, Inc. 2025. Available at <http://www.clinicalpharmacology.com>. Accessed on March 19, 2025.
2. Micromedex [online database]. Available at [www.micromedexsolutions.com](http://www.micromedexsolutions.com). Accessed on March 19, 2025.
3. 2025 ICD-10-CM Diagnosis Codes, Volume 1. 2025. Available at <http://www.icd10data.com/>. Accessed on March 19, 2025.
4. Vivjoa Prescribing Information. Durham, NC: Mycovia Pharmaceuticals, Inc. April 2024.
5. Sobel JD. Candida vulvovaginitis in adults: Recurrent infection. Kauffman CA, Barbieri RL, ed. UpToDate. Waltham, MA: UpToDate; October 24, 2024. Accessed March 19, 2025.
6. Centers for Disease Control and Prevention (CDC). Sexually Transmitted Infections Treatment Guidelines, 2021. Vulvovaginal Candidiasis (VVC). <https://www.cdc.gov/std/treatment-guidelines/candidiasis.htm#>.
7. 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. Clin Inf Dis 2016;62(4):1-50. <https://academic.oup.com/cid/article/62/4/e1/2462830?login=false>.



## RVVC Agents

### Publication History

The Publication History records the publication iterations and revisions to this document. Notes for the *most current revision* are also provided in the [Revision Notes](#) on the first page of this document.

Publication Date	Notes
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