

Vivjoa

COVERAGE CRITERIA

The requested drug will be covered with prior authorization when the following criteria are met:

- The requested drug is being prescribed to reduce the incidence of recurrent vulvovaginal candidiasis (RVVC) in a patient with a history of RVVC as defined above,

AND

- The patient is not of reproductive potential

AND

- The patient has experienced an inadequate treatment response with fluconazole, 150 mg every 72 hours for three doses, followed by maintenance fluconazole 150 mg once per week for six months.

OR

- The patient has experienced an intolerance to fluconazole

OR

- The patient has a contraindication that would prohibit a trial of fluconazole

AND

- The patient has a positive KOH test with acute symptoms

AND

- The requested drug is not being used in a footbath

Quantity Limits Apply.

[18 capsules/48 weeks]