

Texas Prior Authorization Program  
Clinical Criteria

---

Drug/Drug Class

## Recurrent Vulvovaginal Candidiasis (RVVC) Agents

### Clinical Criteria Information Included in this Document

- **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)
- **References:** clinical publications and sources relevant to this clinical criteria

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

### Revision Notes

Initial publication and presentation to the DUR Board



## RVVC Agents

### Drugs Requiring Prior Authorization

The listed GCNS may not be an indication of TX Medicaid Formulary coverage. To learn the current formulary coverage, visit [TxVendorDrug.com/formulary/formulary-search](http://TxVendorDrug.com/formulary/formulary-search).

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



## RVVC Agents

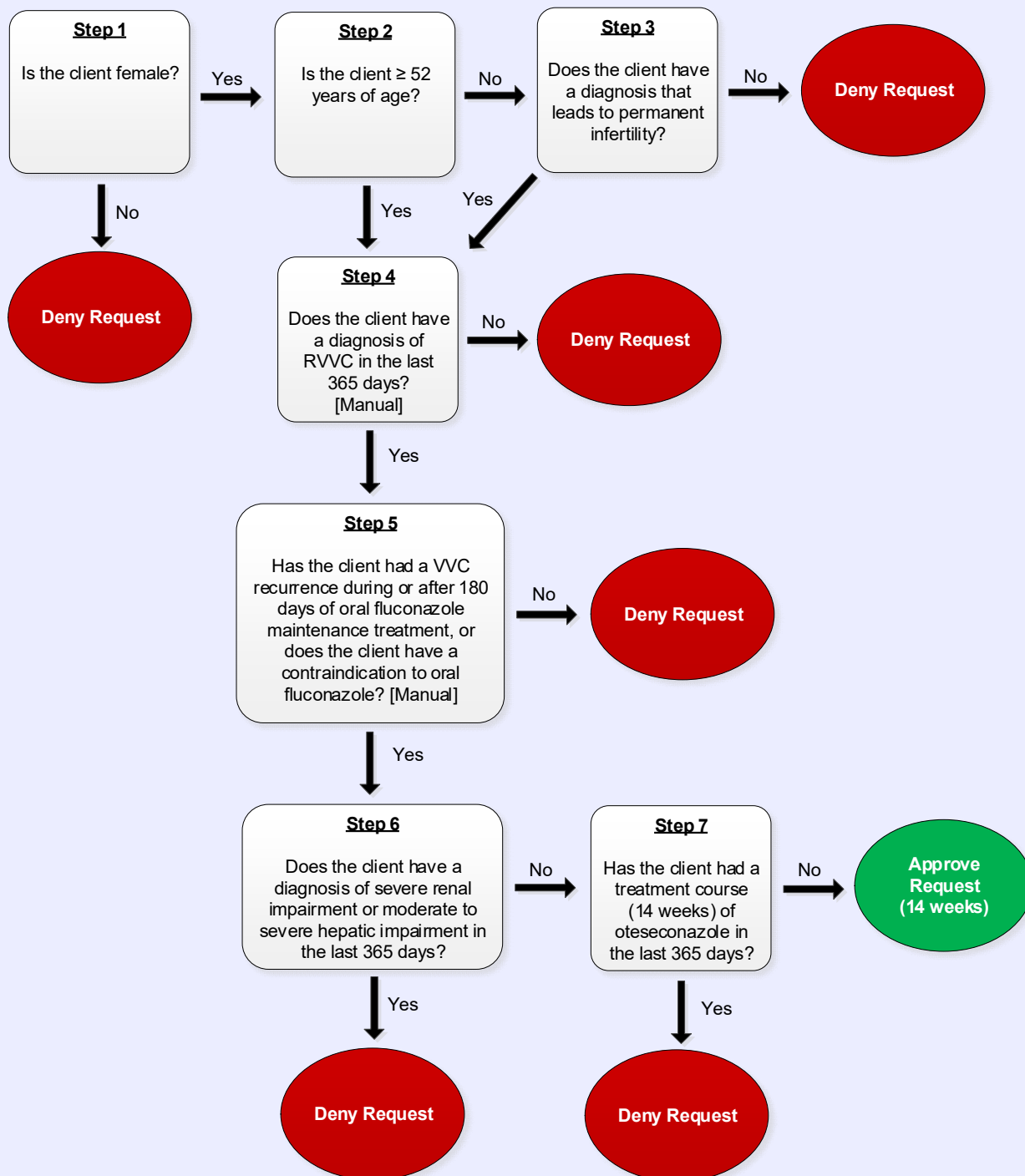
### Clinical Criteria Logic

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)



# RVVC Agents

## Clinical Criteria Logic Diagram





## RVVC Agents

### Clinical Criteria Supporting Tables

| <b>Step 3 (diagnosis that leads to permanent infertility)</b><br><b>Required quantity: 1</b> |   |
|--|---|
| ICD-10 Code  | Description   |
| 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>Step 6 (history of severe renal impairment or moderate to severe hepatic impairment)</b><br><b>Required quantity: 1</b><br><b>Look back timeframe: 365 days</b> |  |
|--|--|
| ICD-10 Code  | Description  |
| B160   | ACUTE HEPATITIS B WITH DELTA-AGENT WITH HEPATIC COMA           |
| B161   | ACUTE HEPATITIS B WITH DELTA-AGENT WITHOUT HEPATIC COMA        |
| 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                     |

| <b>Step 6 (history of severe renal impairment or moderate to severe hepatic impairment)</b> |   |
|---|---|
| <b>Required quantity: 1</b>   |   |
| <b>Look back timeframe: 365 days</b>  |   |
| <b>ICD-10 Code</b>  | <b>Description</b>  |
| 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                                  |
| 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                              |

| <b>Step 6 (history of severe renal impairment or moderate to severe hepatic impairment)</b> |  |
|---|--|
| <b>Required quantity: 1</b>   |  |
| <b>Look back timeframe: 365 days</b>  |  |
| <b>ICD-10 Code</b>  | <b>Description</b>   |
| K7211   | CHRONIC HEPATIC FAILURE WITH COMA                            |
| 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  | ABSCESS 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                  |
| 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)           |



## RVVC Agents

### Clinical Criteria References

1. Clinical Pharmacology [online database]. Tampa, FL: Elsevier/Gold Standard, Inc. 2022. Available at <http://www.clinicalpharmacology.com>. Accessed on October 22, 2022.
2. Micromedex [online database]. Available at [www.micromedexsolutions.com](http://www.micromedexsolutions.com). Accessed on October 22, 2022.
3. 2022 ICD-10-CM Diagnosis Codes, Volume 1. 2022. Available at <http://www.icd10data.com/>. Accessed on October 22, 2022.
4. Vivjoa Prescribing Information. Durham, NC: Mycovia Pharmaceuticals, Inc. April 2022.
5. 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#>.
6. 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

### 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   |
|------------------|---|
| 10/22/2022       | Initial publication and presentation to the DUR Board |