

Oteseconazole (VIVJOA)

Criteria for Use

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VA Pharmacy Benefits Management Services, Medical Advisory Panel, and VISN Pharmacist Executives

The following recommendations are based on medical evidence, clinician input, and expert opinion. The content of the document is dynamic and will be revised as new information becomes available. The purpose of this document is to assist practitioners in clinical decision-making, to standardize and improve the quality of patient care, and to promote cost-effective drug prescribing. THE CLINICIAN SHOULD USE THIS GUIDANCE AND INTERPRET IT IN THE CLINICAL CONTEXT OF THE INDIVIDUAL PATIENT. INDIVIDUAL CASES THAT ARE EXCEPTIONS TO THE EXCLUSION AND INCLUSION CRITERIA SHOULD BE ADJUDICATED AT THE LOCAL FACILITY ACCORDING TO THE POLICY AND PROCEDURES OF ITS P&T COMMITTEE AND PHARMACY SERVICES.

The Product Information should be consulted for detailed prescribing information.

See the VA National PBM-MAP-VPE Monograph on this drug at the [PBM INTRAnet](#) site for further information.

Exclusion Criteria

If the answer to ANY item below is met, then the patient should NOT receive oteseconazole.

- Pregnancy or lactation
- Person of child-bearing potential (defined as biological female who has no condition that constitutes permanent infertility (e.g. age greater than or equal to 47 years, tubal ligation, hysterectomy, salpingo-oophorectomy))

Inclusion Criteria

All of the following criteria must be met.

- Acute signs and symptoms consistent with vulvovaginal candidiasis
- At least 3 symptomatic episodes of vulvovaginal candidiasis in 12 months
- Failure of at least 6 months of maintenance fluconazole (unless contraindicated, not tolerated or due to a fluconazole-resistant isolate expected to be susceptible to oteseconazole)¹

Supplemental Information

¹some isolates of fluconazole-resistant *Candida spp* have elevated MICs to oteseconazole which indicates at least partial potential cross-resistance which is of unknown clinical significance given the paucity of those patients in the clinical trials.

- Dose options include
 - Induction with fluconazole 150mg on days 1,4 and 7, followed by 150mg oteseconazole daily for 7 days, then weekly for 11 weeks
 - Induction with oteseconazole 600mg on day 1, 450 mg on day 2, then 150mg weekly for 11 weeks (beginning day 14)