US Family Health Plan
Prior Authorization Request Form for
Oteseconazole (Vivjoa)

To be completed and signed by the prescriber. To be used only for prescriptions which are to be filled through the Department of Defense (DoD) US Family Health Plan Pharmacy Program. US Family Health Plan is a TRICARE contractor for DoD.

The completed form may be faxed to 855-273-5735

OR

The patient may attach the completed form to the prescription and **mail** it to:
Attn: Pharmacy, 77 Warren St, Brighton, MA 02135

QUESTIONS? **Call 1-877-880-7007**

Prior authorization will be approved for one time use.
Clinical documentation may be required for review.

Step 1 **Please complete patient and physician information** (please print):

Patient Name:		Physician Name:	
Address:		Address:	
Sponsor ID #:		Phone #:	
Date of Birth:		Secure Fax #:	

Step 2 **Please complete the clinical assessment:**

1. Is the medication being prescribed by a gynecologist?	☐ Yes Proceed to question 2	☐ No **STOP** Coverage not approved
2. Is the patient post-menopausal?	☐ Yes Proceed to question 4	☐ No Proceed to question 3
3. Is the patient post-menarchal and not of reproductive potential (for example: history of tubal ligation, salpingo-oophorectomy, or hysterectomy)?	☐ Yes Proceed to question 4	☐ No **STOP** Coverage not approved
4. Does the patient have recurrent vulvovaginal candidiasis (RVVC)? RVVC is defined as at least 4 acute episodes of symptomatic vulvovaginal candidiasis in a year.	☐ Yes Proceed to question 5	☐ No **STOP** Coverage not approved
5. Is the diagnosis of recurrent vulvovaginal candidiasis (RVVC) confirmed by microscopy, Nucleic Acid Amplification Tests (NAAT) or culture?	☐ Yes Proceed to question 6	☐ No **STOP** Coverage not approved
6. Has the patient experienced therapeutic failure, contraindication, or intolerance to a six-month maintenance course of oral fluconazole?	☐ Yes **Sign and date below**	☐ No **STOP** Coverage not approved

Step 3 **I certify the above is true to the best of my knowledge.** Please sign and date:

_____ _____
Prescriber Signature Date

[9 November 2022]