

## PHARMACY PRE-AUTHORIZATION CRITERIA

<b>DRUG (S)</b>	Oravig (buccal miconazole tabs)
<b>POLICY #</b>	13126
<b>INDICATIONS</b>	Oravig is indicated for the local treatment of oropharyngeal candidiasis in adults and children over the age of 16 years.
<b>CRITERIA</b>	<p>Clotrimazole troches and nystatin suspension are also FDA-approved for use in this diagnosis. They may also be used in children over the age of 3 years, as well as adults.</p> <p>ConnectiCare considers Oravig to be medically necessary in adult patients over age 16 who meet the following criteria:</p> <ul style="list-style-type: none"><li>• Patient has clinically diagnosed oropharyngeal candidiasis.</li></ul> <p>AND</p> <ul style="list-style-type: none"><li>• Patient has had an intolerance to, or treatment failure of, clotrimazole troches AND nystatin oral suspension</li></ul>
<b>LIMITATIONS</b>	If the above criteria are met, authorization will be granted for 14 days.
<b>REFERENCES</b>	1. Oravig full prescribing information. Woodcliff Lake, NJ, Strativa Pharmaceuticals
<b>P&amp;T REVIEW HISTORY</b>	12/11, 10/12, 10/13, 10/14, 11/15, 8/16, 8/17, 7/18
<b>REVISION RECORD</b>	8/16