

PHARMACY PRE-AUTHORIZATION CRITERIA

DRUG (S)	Vusion (0.25% miconazole nitrate/15% zinc oxide/81.35% white petrolatum ointment)
POLICY #	13137
INDICATIONS	Vusion ointment is indicated for the adjunctive treatment of diaper dermatitis only when complicated by documented candidiasis (microscopic evidence of pseudo-hyphae and /or budding yeast) in immunocompetent pediatric patients 4 weeks and older. A positive culture for <i>C albicans</i> is not adequate evidence of candidal infection since colonization with <i>C albicans</i> can result in a positive culture. The presence of candidal infection should be established by microscopic evaluation prior to initiating evaluation.
CRITERIA	ConnectiCare considers Vusion ointment to be medically necessary for patients 4 weeks of age and older who meet the following criteria: <ul style="list-style-type: none">• Patient has persistent diaper dermatitis despite two trials of reasonable conventional therapy. (ie. preparations with zinc oxide or petrolatum, A&D ointment, nystatin cream/ointment)
LIMITATIONS	<ul style="list-style-type: none">• If the above criteria are met, approval of Vusion ointment may be granted for up to 1 week. The safety of Vusion ointment when used for longer than 7 days is not known.• Approval of Vusion ointment will be limited to 1 tube
REFERENCES	1. Vusion ointment full prescribing information. Princeton, NJ. Barrier Therapeutics Inc.
P&T REVIEW HISTORY	9/08, 9/09, 9/10, 12/11, 10/12, 10/13, 10/14, 11/15, 8/16, 8/17, 7/18
REVISION RECORD	8/16