



Division: Pharmacy Policy	Subject: Prior Authorization Criteria
Original Development Date: Original Effective Date: Revision Date:	June 2, 2010 May 10, 2012

## **ORAVIG® (miconazole) BUCCAL TABLETS**

**LENGTH OF AUTHORIZATION:** UP TO FOURTEEN DAYS

### **REVIEW CRITERIA:**

- Recipient must be > 16 years of age.
- Must have a confirmed diagnosis of oropharyngeal candidiasis. (*Official medical records must be submitted.*)
- Must have a failed trial of a minimum of two other antifungal agents indicated for treatment of oropharyngeal candidiasis (clotrimazole troche, fluconazole suspension or tablets, or nystatin oral suspension) within the time span of the currently existing infection.
- **NOTE:** If a recipient has a hypersensitivity to other azole antifungals then a hypersensitivity to Oravig® is highly likely. In such cases, the provider should be informed that nystatin oral suspension is a preferred product.

### **DOSING:**

Oravig 50 mg buccal tablet to the gum region once daily for 14 consecutive days.