

QUANTITY LIMIT CRITERIA

BRAND NAME
(generic)

ORAVIG
(miconazole buccal tablet)

Status: CVS Caremark Criteria

Type: Quantity Limit

POLICY

FDA-APPROVED INDICATIONS

Oravig is indicated for the local treatment of oropharyngeal candidiasis (OPC) in adults.

REFERENCES

1. Oravig [package insert]. Raleigh, NC: Midatech Pharma US Inc.; April 2016.
2. Lexicomp Online, AHFS DI (Adult and Pediatric) Online. Hudson, OH: Wolters Kluwer Clinical Drug Information, Inc. <http://online.lexi.com/>. Accessed March 2019.
3. Micromedex (electronic version). Truven Health Analytics, Greenwood Village, Colorado, USA. <http://www.micromedexsolutions.com/>. Accessed March 2019.
4. Pappas PG, Kauffman CA, Andes DA, et al. Clinical Practice Guideline for the Management of Candidiasis: 2016 Update by the Infectious Diseases Society of America. Available at <https://academic.oup.com/cid/article/62/4/e1/2462830>. Accessed March 2019.
5. Panel on Opportunistic Infections in HIV-Infected Adults and Adolescents. Guidelines for the prevention and treatment of opportunistic infections in HIV-infected adults and adolescents: recommendations from the Centers for Disease Control and Prevention, the National Institutes of Health, and the HIV Medicine Association of the Infectious Diseases Society of America. Available at http://aidsinfo.nih.gov/contentfiles/lvguidelines/adult_oi.pdf. Accessed March 2019.

LIMIT CRITERIA

Drug

1 Month and 3 months Limit*

Oravig

14 tablets / 25 days

* The duration of 25 days is used for a 30-day fill period.

* **This drug is for short-term acute use; therefore, the mail limit will be the same as the retail limit. The intent is for prescriptions of the requested drug to be filled one month at a time; there should be no 3 month supplies filled.**