

## SOLOSEC (secnidazole)

### Diagnosis Considered for Coverage:

- Bacterial vaginosis
- Trichomoniasis

### Coverage Criteria:

#### 1. For diagnosis of bacterial vaginosis, approve if:

- Inadequate response, intolerable side effect, or contraindication to one preferred oral antibiotic (eg. clindamycin, metronidazole, tinidazole), and
- Dose not to exceed 1 packet per infection.

#### 2. For diagnosis of trichomoniasis, approve if:

- Inadequate response, intolerable side effect, or contraindication to one preferred oral antibiotic (e.g., metronidazole, tinidazole), and
- Dose not to exceed 1 packet per infection.

### Coverage Duration: one time

Effective Date: 08/30/2023