blue 🗑 of california

miconazole/zinc oxide/petrolatum (VUSION)

Diagnosis Considered for Coverage:

• Diaper dermatitis complicated by candidiasis in immunocompetent pediatric patients

Coverage Criteria:

For diagnosis listed above:

• Inadequate response or intolerable side effect to 3 preferred prescription topical antifungals.

Preferred Topical Antifungals

Ciclopirox cream, gel Clotrimazole/betamethasone cream, lotion Econazole cream Ketoconazole cream Luliconazole cream Miconazole (over-the-counter) Naftifine cream, gel Nystatin cream, ointment, powder Nystatin/triamcinolone cream, ointment Oxiconazole cream

Coverage Duration: One time

Effective Date: 1/31/2024