

# 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.

### INITIAL LIMIT QUANTITY

Drug	1 Month Limit*	3 Month Limit*
Oravig (miconazole buccal tablet)	14 tablets / 25 days	Does Not Apply**

\* The duration of 25 days is used for a 30-day fill period to allow time for refill processing.

\*\* 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, even if filled at mail order; there should be no 3 month supplies filled.

## REFERENCES

1. Oravig [package insert]. Marietta, GA: Galt Pharmaceuticals, LLC; June 2021.
2. Lexicomp Online, Lexi-Drugs Online. Waltham, MA: UpToDate, Inc.; 2023. <https://online.lexi.com>. Accessed August 7, 2023.
3. Micromedex (electronic version). Merative, Ann Arbor, Michigan, USA. Available at: <https://www.micromedexsolutions.com/> (cited: 08/07/2023).
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. *Clin Infect Dis*. 2016;62(4)e1-50.
5. Panel on Guidelines for the Prevention and Treatment of Opportunistic Infections in Adults and Adolescents with HIV. Guidelines for the Prevention and Treatment of Opportunistic Infections in Adults and Adolescents with HIV. National Institutes of Health, Centers for Disease Control and Prevention, the HIV Medicine Association, and the Infectious Diseases Society of America. Available at <https://clinicalinfo.hiv.gov/en/guidelines/adult-and-adolescent-opportunistic-infection>. Accessed August 21, 2023.

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