Intravaginal Antibiotics

Effective 06/16/2009
Revised 10/04/2018

Preferred Agents

- Cleocin® Vaginal Ovules
- Clindesse
- Nuvessa® Vaginal Gel

Non-Preferred Agents

- Cleocin® Vaginal Cream
- Clindamycin Vaginal Cream
- MetroGel® Vaginal Gel
- Metronidazole Vaginal Gel
- Vandazole Vaginal Gel

Approval Criteria

- Failure to achieve desired therapeutic outcomes with trial on 2 preferred agent
  - Documented trial period for preferred agents
  - Documented ADE/ADR to preferred agents
- Documented compliance on current therapy regimen

Denial Criteria

- Lack of adequate trial on required preferred agents
- Therapy will be denied if no approval criteria are met
- Drug Prior Authorization Hotline: (800) 392-8030