



Drug Name: Terconazole vaginal cream 0.8% and Terconazole vaginal suppository 80mg

Effective Date: 9/1/2018

Reviewed: 8/2018, 10/2019, 7/2020, 5/2021, 4/2022, 3/2023

Required Medical Information:	The member has trialed and experienced an inadequate treatment response or intolerance to formulary miconazole vaginal cream or suppository
Coverage Duration:	12 months
Coding Logic for Step Therapy:	Terconazole vaginal cream 0.8% and terconazole vaginal suppository 80mg will pay if there is at least one paid claim of at least a 3 day supply within the last 30 days of formulary miconazole vaginal cream 2% or miconazole suppository

Investigational use: Neighborhood does not provide coverage for drugs when used for investigational purposes. All therapies are considered investigational when used at a dose or for a condition other than those that are recognized as medically accepted indications as defined in any one of the following standard reference compendia: American Hospital Formulary Service Drug information (AHFS-DI), Thomson Micromedex DrugDex, Clinical Pharmacology, Wolters Kluwer Lexi-Drugs, or Peer-reviewed published medical literature indicating that sufficient evidence exists to support use