Pharmacy Policy Bulletin: J-0861 Vusion (miconazole nitrate, zinc oxide, white petrolatum) – Commercial and Healthcare Reform	
Number: J-0861	**Category:** Prior Authorization
Line(s) of Business: ☒ Commercial ☒ Healthcare Reform ☐ Medicare	**Benefit(s):** **Commercial:** **Prior Authorization (1.)** 1. Other Managed Prior Authorization = Yes w/ Prior Authorization **Healthcare Reform:** Not Applicable
Region(s): ☒ All ☐ Delaware ☐ New York ☐ Pennsylvania ☐ West Virginia	**Additional Restriction(s):** None
Version: J-0861-009	**Original Date:** 01/30/2019
Effective Date: 10/08/2025	**Review Date:** 09/17/2025

Drugs Product(s):	• Vusion (miconazole nitrate 0.25%, zinc oxide 15%, white petrolatum 81.35%)
FDA-Approved Indication(s):	• Adjunctive treatment of diaper dermatitis when complicated by documented candidiasis (microscopic evidence of pseudohyphae and/or buddying yeast) in immunocompetent pediatric patients 4 weeks and older.

Background:	• Miconazole is an antifungal agent. Zinc oxide and white petrolatum provide relief from diaper dermatitis. • Diaper dermatitis, commonly known as diaper rash, is a result of prolonged contact of urine and feces to areas of the skin covered by a baby's diaper. Bacteria and yeast can grow on the inflamed and irritated areas causing infection. Diaper dermatitis is seen most commonly in infants and early childhood prior to 2 years of age. • The best treatment for diaper dermatitis is prevention by keeping diaper areas dry and free of feces. • If Candida superinfection is present, antifungal creams or ointments should be applied to the diaper area beneath the barrier ointment (e.g., A+D ointment, Desitin (zinc oxide), petrolatum). • Management of antibiotic containing products is necessary since overuse of antibiotics may result in the development of drug resistance. • Prescribing Considerations: ○ The safety and efficacy of Vusion have not been demonstrated in immunocompromised patients or in infants less than 4 weeks of age. ○ Do not use Vusion for longer than 7 days. ○ Vusion ointment should be used as part of a treatment regimen that includes gentle cleansing of the diaper area and frequent diaper changes. ○ Vusion should not be used to prevent the occurrence of diaper dermatitis or in incontinent adult patients.

Approval Criteria

I. Approval Criteria

When a benefit, coverage of Vusion may be approved when all of the following criteria are met **(A., B., and C.)**:

A. The member is 4 weeks of age or older.

B. The member has a diagnosis of diaper dermatitis complicated by candidiasis. (ICD 10: L22, B37)

C. The member has experienced therapeutic failure, contraindication, or intolerance to concomitant use of the following plan-preferred agents **(1. and 2.)**:

1. Nystatin cream/ointment

2. Zinc oxide containing product (A+D Zinc Oxide, Desitin, etc.)

II. An exception to some or all of the criteria above may be granted for select members and/or circumstances based on state and/or federal regulations.

Limitations of Coverage

I. Coverage of drug(s) addressed in this policy for disease states outside of the FDA-approved indications should be denied based on the lack of clinical data to support effectiveness and safety in other conditions unless otherwise noted in the approval criteria.

II. For Commercial or HCR members with a closed formulary, a non-formulary product will only be approved if the member meets the criteria for a formulary exception in addition to the criteria outlined within this policy.

Authorization Duration

- Commercial and HCR Plans: If approved, up to a 6 month authorization may be granted.

Automatic Approval Criteria

None.

References:

1. Vusion [package insert]. Morgantown, WV: Mylan Pharmaceuticals; August 2018.
2. American Osteopathic College of Dermatology. Diaper Dermatitis. Available at: https://www.aocd.org/page/DiaperDermatitis. Accessed June 23, 2025.