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| <b>Clinical Policy Title:</b>              | secnidazole                             |
| <b>Policy Number:</b>                      | RxA.819                                 |
| <b>Drug(s) Applied:</b>                    | Solosec                                 |
| <b>Original Policy Date:</b>               | 12/16/2024                              |
| <b>Last Review Date:</b>                   | 12/11/2025                              |
| <b>Line of Business Policy Applies to:</b> | All lines of business (except Medicare) |

## Criteria

### I. Initial Approval Criteria

#### A. Bacterial Vaginosis (must meet all):

1. Diagnosis of BV;
2. Trial and failure to all the following (a and b):
  - a. Metronidazole vaginal gel or metronidazole tab;
  - b. Clindamycin vaginal crm

#### Approval Duration

**All Lines of Business (except Medicare):** One-time approval

#### B. Trichomoniasis (must meet all):

1. Diagnosis of Trichomoniasis;
2. Trial and failure of the following (a and b):
  - a. Metronidazole oral tab;
  - b. Tinidazole oral tab

#### Approval Duration

**All Lines of Business (except Medicare):** One-time approval

### II. Continued Therapy Approval

#### A. All indications listed in section I (must meet all):

1. Reauthorization is not permitted. Member must meet initial criteria.

#### Approval Duration

Not applicable.

## References

1. Solosec. Package Insert. Lupin Pharmaceuticals; 2024. Available at: <https://dailymed.nlm.nih.gov/dailymed/fda/fdaDrugXsl.cfm?setid=551e43d5-f700-4d6e-8029-026f8a8932ff&type=display>. Accessed December 16, 2024.

| Review/Revision History | Review/Revision Date | P&T Approval Date |
|-------------------------|----------------------|-------------------|
| Policy established.     | 06/03/2022           | 07/18/2022        |
| Policy reviewed.        | 12/11/2025           | 12/11/2025        |

This clinical policy has been developed to authorize, modify, or determine coverage for individuals with similar conditions. Specific care and treatment may vary depending on individual need and benefits covered by the plan. This policy is not intended to dictate to providers how to practice medicine, nor does it constitute a contract or guarantee regarding payment or results. This document may contain prescription brand name drugs that are trademarks of pharmaceutical manufacturers that are not affiliated with RxAdvance.

