

Market Applicability/Effective Date														
Market	FL & FHK	FL MMA	FL LTC	GA	KS	KY	LA	MD	NJ	NV	NY	TN	TX	WA
Applicable	X	NA	NA	X	NA	X	X	X	X	X	X	NA	NA	NA

\*FHK- Florida Healthy Kids

## Vfend (voriconazole)

Override(s)	Approval Duration
Prior Authorization Quantity Limit	6 months

Medications	Quantity Limit
Vfend (voriconazole) tablets	May be subject to quantity limit
Vfend (voriconazole) oral suspension	

### APPROVAL CRITERIA

Requests for Vfend (voriconazole) may be approved for individuals who meet the following criteria:

I. Transitioning from inpatient treatment with intravenous antifungal to an outpatient setting;

**OR**

II. Individual is being treated for one of the following:

- A. Invasive Aspergillosis; **OR**
- B. *Scedosporium apiospermum* in those intolerant or refractory to other therapy; **OR**
- C. *Fusarium* spp. in those intolerant or refractory to other therapy; **OR**
- D. Candidemia (non-neutropenic individuals) and disseminated candidiasis in skin, abdomen, kidney, bladder wall, and wounds; **OR**
- E. Esophageal Candidiasis; **OR**
- F. Treatment of candidemia in neutropenic individuals as an alternative when broader antifungal coverage is required; **OR**
- G. Prophylaxis for reduction in the incidence of candidiasis in individuals at risk, including hematopoietic stem cell transplant recipients (AHFS, Freifeld 2010); **OR**
- H. Oropharyngeal candidiasis refractory to other antifungals (AHFS, Pappas 2016); **OR**
- I. Treatment or prevention of coccidioidomycosis caused by *Coccidioides immitis* or *C. posadasii* in individuals who did not respond to fluconazole or itraconazole (AHFS, IDSA, CDC); **OR**
- J. Histoplasmosis caused by *Histoplasma capsulatum* as a second-line alternative to oral itraconazole (AHFS); **OR**
- K. Penicilliosis caused by *Penicillium marneffeii* in HIV infected adults and adolescents as an alternative to itraconazole (AHFS, CDC/NIH/IDSA); **OR**
- L. Empiric therapy of presumed fungal infections in febrile neutropenic individuals (AHFS); **OR**
- M. Chronic pulmonary aspergillosis (cavitary or necrotizing) (DrugPoints B, IIa).

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This policy does not apply to health plans or member categories that do not have pharmacy benefits, nor does it apply to Medicare. Note that market specific restrictions or transition-of-care benefit limitations may apply.

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State Specific Mandates		
State name	Date effective	Mandate details (including specific bill if applicable)
N/A	N/A	N/A

**Key References:**

Clinical Pharmacology [database online]. Tampa, FL: Gold Standard, Inc.: 2017. URL: <http://www.clinicalpharmacology.com>. Updated periodically.

DailyMed. Package inserts. U.S. National Library of Medicine, National Institutes of Health website. <http://dailymed.nlm.nih.gov/dailymed/about.cfm>. Accessed January 30, 2017.

DrugPoints® System (electronic version). Truven Health Analytics, Greenwood Village, CO. Updated periodically.

Lexi-Comp ONLINE™ with AHFS™, Hudson, Ohio: Lexi-Comp, Inc.; 2017; Updated periodically.

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