

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	X

*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).

PAGE 1 of 2 05/15/2017

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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