



**GEORGIA MEDICAID FEE-FOR-SERVICE  
ANTIFUNGALS, ORAL PA SUMMARY**

Preferred	Non-Preferred
Clotrimazole generic Fluconazole tablets, oral suspension generic Itraconazole capsules generic* Ketoconazole generic Nystatin tables, oral suspension generic Sporanox oral solution (itraconazole)* Terbinafine generic	Brexafemme (ibrexafungerp) Cresemba capsules (isavuconazonium) Flucytosine generic Griseofulvin tablets, oral suspension generic Noxafil Pak (posaconazole for delayed-release oral suspension) Oravig (miconazole buccal tablets) Posaconazole delayed-release tablets, oral suspension generic Recorlev (levoketoconazole) Vfend oral suspension (voriconazole) Vivjoa (oteseconazole) Voriconazole oral suspension, tablets generic

\*preferred but requires PA

**LENGTH OF AUTHORIZATION:** Varies

**NOTES:**

- Itraconazole capsules and Sporanox oral solution are preferred but require prior authorization (PA).
- If generic voriconazole oral suspension is approved, the PA will be issued for brand Vfend oral suspension.

**PA CRITERIA:**

*Itraconazole Capsules*

- ❖ Approvable for members with a diagnosis of onychomycosis who have a positive potassium hydroxide (KOH) preparation, fungal culture or nail biopsy and have experienced resistance, inadequate response, allergy, contraindication, drug-drug interaction or intolerable side effect with oral terbinafine (Lamisil).
- ❖ Approvable for members with a diagnosis of aspergillosis, blastomycosis or histoplasmosis.
- ❖ Approvable for members with a diagnosis of tinea versicolor, tinea cruris, tinea corporis or tinea pedis when the infection involves a large area of the body, member is immunocompromised or member has experienced inadequate response with at least one over-the-counter (OTC) or prescription topical antifungal agent.

*Sporanox Oral Solution*

- ❖ Approvable for members with a diagnosis of oropharyngeal candidiasis (thrush) or esophageal candidiasis who have experienced resistance, inadequate response, allergy, contraindication, drug-drug interaction or intolerable side effect with fluconazole (Diflucan).
- ❖ Approvable for members with a diagnosis of empiric febrile neutropenia.



- ❖ Approvable for members unable to swallow solid oral formulations (i.e., capsules, tablets) who meet the following criteria:
  - Diagnosis of onychomycosis with a positive KOH preparation, fungal culture or nail biopsy.
  - Diagnosis of aspergillosis, blastomycosis or histoplasmosis.
  - Diagnosis of tinea versicolor, tinea cruris, tinea corporis or tinea pedis when the infection involves a large area of the body, member is immunocompromised or member has experienced inadequate response with at least one OTC or prescription topical antifungal agent.

#### Brexafemme

- ❖ Approvable for post-menarchal members with a diagnosis of vulvovaginal candidiasis (VVC) who have experienced resistance, inadequate response, allergies, contraindications, drug-drug interactions or intolerable side effects to at least one preferred vaginal product (Gynazole [butoconazole], miconazole (Monistat, Vagistat], terconazole [Zazole]) and fluconazole (Diflucan).
- ❖ Approvable for post-menarchal members with a diagnosis of recurrent VVC who have had 3 or more episodes of vulvovaginitis within the past year and have experienced inadequate response after 6 months, resistance, allergy, contraindication, drug-drug interaction or intolerable side effect to fluconazole (Diflucan).

#### Cresemba Capsules

- ❖ Approvable for members as a continuation of therapy after being started on therapy in the hospital.
- ❖ Approvable for members with a diagnosis of invasive aspergillosis who have experienced resistance, inadequate response, allergy, contraindication, drug-drug interaction or intolerable side effect with voriconazole (Vfend).
- ❖ Approvable for members with a diagnosis of invasive mucormycosis/zygomycosis.

#### Flucytosine Generic

- ❖ Approvable for members as a continuation of therapy after being started on therapy in the hospital.
- ❖ Approvable for members with a diagnosis of Candida candidemia (septicemia) or disseminated (non-CNS) candidiasis who have experienced resistance, inadequate response, allergy, contraindication, drug-drug interaction or intolerable side effect with fluconazole (Diflucan).
- ❖ Approvable for members with a diagnosis of Candida infection of cardiovascular system (endocarditis), CNS (meningitis) or eye (endophthalmitis).
- ❖ Approvable for members with a diagnosis of Candida urinary tract infection (cystitis, pyelonephritis, candiduria) who have experienced inadequate response, resistance, allergy, contraindication, drug-drug interaction or intolerable side effect with fluconazole (Diflucan).
- ❖ Approvable for members with a diagnosis of Cryptococcus infection (cryptococcosis).

#### Griseofulvin Tablets and Oral Suspension Generic

- ❖ Approvable for members with a diagnosis of onychomycosis or other tinea infection who have experienced resistance, inadequate response, allergies, contraindications, drug-drug



interactions or intolerable side effects with oral terbinafine (Lamisil) and oral itraconazole (Sporanox).

- ❖ Approvable for members 2 to 11 years of age with a diagnosis of tinea capitis.
- ❖ Approvable for members 12 years of age or older with a diagnosis of tinea capitis who have experienced resistance, inadequate response, allergy, contraindication, drug-drug interaction or intolerable side effect with oral terbinafine (Lamisil).

Noxafil Pak, Posaconazole Delayed-Release Tablets Generic and Posaconazole Oral Suspension Generic

- ❖ Approvable for members as a continuation of therapy after being started on therapy in the hospital.
- ❖ Approvable for members requiring preventative (prophylactic) therapy for invasive aspergillosis or candidiasis when severely immunocompromised.
- ❖ Approvable for members with a diagnosis of invasive aspergillosis who have experienced resistance, inadequate response, allergy, contraindication, drug-drug interaction or intolerable side effect with voriconazole (Vfend).
- ❖ Approvable for members with a diagnosis of invasive mucormycosis/zygomycosis.
- ❖ Approvable for members with a diagnosis of fusariosis or other fungal/mold infections that are resistant to previous systemic antifungal therapy.
- ❖ Approvable for members with a diagnosis of oropharyngeal candidiasis (thrush) or esophageal candidiasis who have experienced resistance, inadequate response, allergies, contraindications, drug-drug interactions or intolerable side effects with itraconazole oral solution (Sporanox) and fluconazole (Diflucan).
- ❖ In addition, for the powder for oral suspension, prescriber must submit a written letter of medical necessity stating the reasons the oral suspension is not appropriate for the member.

Oravig

- ❖ Approvable for members as a continuation of therapy after being started on therapy in the hospital.
- ❖ Approvable for members 18 years of age or older with a diagnosis of oropharyngeal candidiasis (thrush) who have experienced resistance, ineffectiveness, allergies, contraindications, drug-drug interactions or intolerable side effects with two of the following: clotrimazole troches, nystatin oral suspension and fluconazole.

Recorlev

- ❖ For members 18 years of age or older with a diagnosis of endogenous hypercortisolemia associated with Cushing's syndrome who are not a candidate for surgery or surgery has not been curative, prescriber must submit a written letter of medical necessity stating the reasons the preferred product, generic ketoconazole tablets, is not appropriate for the member.

Vfend Oral Suspension, Voriconazole Suspension Generic and Voriconazole Tablets Generic

- ❖ Approvable for members as a continuation of therapy after being started on therapy in the hospital.
- ❖ Approvable for members who have tried one other systemic antifungal agent and who have one of the following diagnoses:
  - Oropharyngeal candidiasis (thrush) or Esophageal candidiasis



- Candidemia in nonneutropenic patient
- Disseminated Candida skin infection
- Candida infection in abdomen, kidney, bladder wall or wound
- ❖ Approvable for members with a diagnosis of aspergillosis, fungal infection caused by *Scedosporium apiospermum*, fungal infection caused by *Lomentospora* or fungal infection caused by *Fusarium* species.
- ❖ Approvable for members requiring preventative (prophylactic) therapy for invasive aspergillosis or candidiasis when severely immunocompromised.
- ❖ Approvable for members with a diagnosis of central nervous system (CNS) blastomycosis or CNS histoplasmosis who have experienced resistance, inadequate response, allergy, contraindication, drug-drug interaction or intolerable side effect with itraconazole (Sporanox).

### Vivjoa

- ❖ Approvable for post-menarchal members with a diagnosis of recurrent vulvovaginal candidiasis (RVVC) who have had 3 or more episodes of vulvovaginitis within the past year and have experienced inadequate response after 6 months, resistance, allergies, contraindications, drug-drug interactions or intolerable side effects to fluconazole (Diflucan) and ibrexafungerp (Brexafemme).

## QLL CRITERIA

### Itraconazole Capsules and Sporanox Oral Solution

- ❖ An authorization to exceed the QLL may be granted for members with aspergillosis, blastomycosis or histoplasmosis.

## EXCEPTIONS:

- Exceptions to these conditions of coverage are considered through the prior authorization process.
- The Prior Authorization process may be initiated by calling **OptumRx at 1-866-525-5827**.

## PREFERRED DRUG LIST:

- For online access to the Preferred Drug List (PDL), please go to <http://dch.georgia.gov/preferred-drug-lists>.

## PA and APPEAL PROCESS:

- For online access to the PA process, please go to [www.dch.georgia.gov/prior-authorization-process-and-criteria](http://www.dch.georgia.gov/prior-authorization-process-and-criteria) and click on Prior Authorization (PA) Request Process Guide.

## QUANTITY LEVEL LIMITATIONS:



- For online access to the current Quantity Level Limits (QLL), please go to [www.mmis.georgia.gov/portal](http://www.mmis.georgia.gov/portal), highlight Provider Information and click on Provider Manuals. Scroll to the page with Pharmacy Services and select that manual.