



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

Preferred	Non-Preferred
Clotrimazole oral troche generic Fluconazole tablets, oral suspension generic Itraconazole capsules generic* Ketoconazole tablets generic Nystatin tables, oral suspension generic Sporanox oral solution (itraconazole)* Terbinafine tablets generic	Cresemba capsules (isavuconazonium) Flucytosine capsules generic Griseofulvin tablets, oral suspension generic Lamisil Granules (terbinafine) Noxafil (posaconazole tablets, oral suspension) Onmel (itraconazole tablets) Oravig (miconazole buccal tablets) Vfend Suspension (voriconazole) 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 suspension is approved, the PA will be issued for brand Vfend suspension.

**PA CRITERIA:**

*Itraconazole Capsules*

- ❖ Approvable for members with a diagnosis of onychomycosis who have a positive KOH preparation, fungal culture or nail biopsy and have experienced ineffectiveness, allergy, drug-drug interaction, contraindication or intolerable side effect with oral terbinafine.
- ❖ 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 infection involves a large area of the body, member is immunocompromised, or member has ineffectiveness with at least one OTC or prescription topical antifungal agent.

*Sporanox Oral Solution*

- ❖ Approvable for members with a diagnosis of oropharyngeal candidiasis (thrush), esophageal candidiasis or empiric febrile neutropenia.
- ❖ Approvable for members unable to swallow capsules who meet the following criteria:
  - Members with a diagnosis of onychomycosis who have a positive KOH preparation, fungal culture or nail biopsy and have experienced ineffectiveness, allergy, drug-drug interaction, contraindication or intolerable side effect with oral terbinafine (Lamisil).
  - Members with a diagnosis of aspergillosis, blastomycosis or histoplasmosis.



- Members with a diagnosis of tinea versicolor, tinea cruris, tinea corporis or tinea pedis when infection involves a large area of the body, member is immunocompromised, or member has experienced ineffectiveness with at least one OTC or prescription topical antifungal agent.

#### Cresemba Capsules

- ❖ 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 invasive aspergillosis who have experienced ineffectiveness, allergy, contraindication, drug-drug interaction or intolerable side effect with voriconazole.
- ❖ Approvable for member 18 years of age or older with a diagnosis of invasive mucormycosis/zygomycosis.

#### Flucytosine Capsules 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 infection of cardiovascular system, CNS (meningitis) or eye (endophthalmitis).
- ❖ Approvable for members with a diagnosis of cryptococcosis.
- ❖ Approvable for members with a diagnosis of Candida urinary tract infection (cystitis, pyelonephritis, candiduria) who have experienced ineffectiveness, resistance, allergy, contraindication, drug-drug interaction or intolerable side effect with fluconazole.

#### Griseofulvin Generic

- ❖ 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 ineffectiveness, allergy, contraindication, drug-drug interaction or intolerable side effect with oral terbinafine.
- ❖ Approvable for members with a diagnosis of onychomycosis (tinea pedis or tinea unguium) or other tinea infection who have experienced ineffectiveness, allergies, contraindications, drug-drug interactions or intolerable side effects with oral terbinafine and itraconazole..

#### Lamisil Oral Granules

- ❖ Approvable for members 4-12 years of age with a diagnosis of tinea capitis.

#### Noxafil

- ❖ Approvable for members requiring preventative therapy for invasive aspergillosis or candidiasis in severely immunocompromised members.
- ❖ Approvable for members with a diagnosis of invasive aspergillosis, mucormycosis/zygomycosis, fusariosis or other molds that are resistant to previous systemic antifungal therapy.
- ❖ Approvable for members with a diagnosis of oropharyngeal candidiasis who have experienced ineffectiveness, allergy, contraindication, drug-drug interaction or intolerable side effects with itraconazole or fluconazole.



### Onmel

- ❖ For members with a diagnosis of onychomycosis, prescriber must submit a written letter of medical necessity stating the reasons the preferred product, generic itraconazole capsules, 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 16 years of age or older with a diagnosis of oropharyngeal candidiasis who have experienced ineffectiveness, allergies, contraindications, drug-drug interactions or intolerable side effects with two of the following: clotrimazole troches, nystatin oral suspension and fluconazole.

### Vfend Suspension and Voriconazole Suspension, 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:
  - Esophageal candidiasis
  - Candidemia in nonneutropenic patient
  - Disseminated Candida skin infection
  - Candida infection in abdomen, kidney, bladder wall or wound
- ❖ Approvable for members with invasive or pulmonary aspergillosis, fungal infection caused by *Scedosporium apiospermum*, or fungal infection caused by *Fusarium* species.
- ❖ Approvable for prophylaxis of aspergillosis, candidiasis or invasive fungal infection in severely immunocompromised patients.
- ❖ Approvable for central nervous system (CNS) blastomycosis who have experienced ineffectiveness, allergy, contraindication, drug-drug interaction or intolerable side effect with itraconazole.

## **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 Pharmacy and click on [Other Documents](#), then select the most recent quarters QLL List.