



**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	Brexafemme (ibrexafungerp) Cresemba capsules (isavuconazonium) Flucytosine capsules generic Griseofulvin tablets, oral suspension generic Lamisil Granules (terbinafine) Noxafil Pak (powder for delayed-release oral suspension) Posaconazole delayed-release tablets, oral suspension generic Onmel (itraconazole tablets) Recorlev (levoketoconazole) Vfend 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 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 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 who have 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 resistance, inadequate response, 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 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 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.

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 VVC who have had 3 or more episodes of vulvovaginitis within the past year and have experienced resistance, inadequate response, 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 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, highlight Provider Information and click on Provider Manuals. Scroll to the page with Pharmacy Services and select that manual.