

## PRIOR AUTHORIZATION CRITERIA

<b>DRUG CLASS</b>	<b>ANTIFUNGAL</b>
<b>BRAND NAME (generic)</b>	<b>VFEND (voriconazole)</b>
<b>Status: CVS Caremark Criteria</b>	
<b>Type: Initial Prior Authorization</b>	

### POLICY

#### FDA-APPROVED INDICATIONS

Vfend is indicated for use in patients 12 years of age and older in the treatment of the following fungal infections:

- Invasive aspergillosis. In clinical trials, the majority of isolates recovered were *Aspergillus fumigatus*. There were a small number of cases of culture-proven disease due to species of *Aspergillus* other than *A. fumigatus*.
- Candidemia in non-neutropenic patients and the following *Candida* infections: disseminated infections in skin and infections in abdomen, kidney, bladder wall, and wounds.
- Esophageal candidiasis.
- Serious fungal infections caused by *Scedosporium apiospermum* (asexual form of *Pseudallescheria boydii*) and *Fusarium* spp. including *Fusarium solani*, in patients intolerant of, or refractory to, other therapy.

Specimens for fungal culture and other relevant laboratory studies (including histopathology) should be obtained prior to therapy to isolate and identify causative organism(s). Therapy may be instituted before the results of the cultures and other laboratory studies are known. However, once these results become available, antifungal therapy should be adjusted accordingly.

#### COVERAGE CRITERIA

Vfend will be covered with prior authorization when the following criteria are met:

- Voriconazole (Vfend) is being prescribed for a diagnosis of invasive aspergillosis infection OR salvage therapy (failure, intolerance or contraindications of other therapies) to treat a fungal infection caused by *Fusarium* or *Scedosporium* species
- OR**
- The patient has been diagnosed with candidemia, esophageal candidiasis, a disseminated (widespread) *Candida* infection in the skin, or a *Candida* infection in the abdomen, kidney, bladder wall, or wounds
- AND**
- The patient has experienced an inadequate treatment response, intolerance, or contraindication to fluconazole or itraconazole

## **REFERENCES**

1. Vfend [package insert]. New York, NY: Pfizer Inc.; February, 2015.
2. AHFS DI (Adult and Pediatric) [database online]. Hudson, OH: Lexi-Comp, Inc.; [http://online.lexi.com/lco/action/index/dataset/complete\\_ashp](http://online.lexi.com/lco/action/index/dataset/complete_ashp) [available with subscription]. Accessed April 2017.
3. Micromedex Solutions [database online]. Greenwood Village, CO: Truven Health Analytics Inc. Updated periodically. [www.micromedexsolutions.com](http://www.micromedexsolutions.com) [available with subscription]. Accessed April 2017.
4. Pappas PG, Kauffman CA, Andes D, et al. Clinical Practice Guidelines for the Management of Candidiasis: 2016 Update by the Infectious Diseases Society of America. *Clinical Infectious Diseases*.
5. Walsh TJ, Anaissie EJ, Denning DW, et al. Treatment of Aspergillosis: Clinical Practice Guidelines of the Infectious Diseases Society of America. *Clinical Infectious Diseases* 2008; 46: 327-360.