

## Antifungals

### **Goal(s):**

- Approve use of antifungals only for OHP-funded diagnoses. Minor fungal infections of skin, such as dermatophytosis and candidiasis are only funded when complicated by an immunocompromised host.

### **Length of Authorization:**

- See criteria

### **Requires PA:**

- Non-preferred drugs

### **Covered Alternatives:**

- Current PMPDP preferred drug list per OAR 410-121-0030 at [www.orpdl.org](http://www.orpdl.org)
- Searchable site for Oregon FFS Drug Class listed at [www.orpdl.org/drugs/](http://www.orpdl.org/drugs/)

**Table 1: Examples of FUNDED indications (12/16/21)**

ICD-10	Description
B37.3	Candidiasis of vulva and vagina
B37.1	Candidiasis of the lung
B37.7	Disseminated Candidiasis
B37.5-37.6, B37.81-37.84, B37.89-37.90	Candidiasis of other specified sites
B38.0-B38.4, B38.7, B38.9	Coccidiomycosis various sites
B39.0-39.5, B39.9, G02, I32, I39, J17	Histoplasmosis
B40.9, B41.0, B41.9, B48.0	Blastomycosis
B42.0-42.9, B43.9, B44.9-45.0, B45.7, B45.9, B46.9, B48.1-48.2, B48.8, B49	Rhinosporidiosis, Sporotrichosis, Chromoblastomycosis, Aspergillosis, Mycosis Mycetomas, Cryptococcosis, Allescheriosis, Zygomycosis, Dematiaceous Fungal Infection, Mycoses Nec and Nos
B48.8	Mycosis, Opportunistic
B44.81	Bronchopulmonary Aspergillus, Allergic
N73.9-75.1, N75.9, N76.0-N77.1	Inflammatory disease of cervix vagina and vulva
L03.019, L03.029, L03.039, L03.049	Cellulitis and abscess of finger and toe
P37.5	Neonatal Candida infection
B37.42, B37.49	Candidiasis of other urogenital sites

**Table 2: Examples of NON-FUNDED indications (12/16/21)**

ICD-10	Description
L2.083, L2.10-2.11, L21.8-21.9,	Erythematous squamous dermatosis
L22	Diaper or napkin rash
L20.0-20.84, L20.89-20.9	Other atopic dermatitis and related conditions
L24.0-24.2, L25.1-25.5, L57.8, L57.9,	Contact dermatitis and other eczema

L23.0, L23.81, L24.81, L25.0, L25.2, L25.8-25.9, L55.1-55.2, L56.8, L58.9	
L53.0-53.2, L51.0, L51.8-51.9, L52, L71.0-71.1, L71.8, L93.0, L93.2, L49.0-L49.9, L26, L30.4, L53.8, L92.0, L95.1, L98.2, L53.9	Erythematous conditions
L43.8, L44.1-44.3, L44.9, L66.1	Lichen Planus
L70.0-70.2, L70.8	Rosacea or acne
B35.1	Tinea unguium (onychomycosis)
B36.0	Pityriasis versicolor
B36.2	Tinea blanca
B36.3	Black piedra
B36.8, B36.9	Mycoses, superficial
B37.2	Cutaneous candidiasis
B37.9	Candidiasis, unspecified
R21	Rash and other nonspecific skin eruption

**Table 3: Criteria driven diagnoses (12/16/21)**

ICD-10	Description
B35.0	Dermatophytosis of scalp and beard (tinea capitis/ tinea barbae)
B35.2	Dermatophytosis of hand (tinea manuum)
B35.6	Dermatophytosis of groin and perianal area (tinea cruris)
B35.3	Dermatophytosis of foot (tinea pedis)
B35.5	Dermatophytosis of body (tinea corporis / tinea imbricate)
B35.8	Deep seated dermatophytosis
B35.8-B35.9	Dermatophytosis of other specified sites - unspecified site
B36.1	Tinea nigra
,B37.83	Candidiasis of mouth

Approval Criteria		
1. What diagnosis is being treated?	Record ICD10 code	
2. Is the diagnosis funded by OHP? (See examples in Table 1).	<b>Yes:</b> Go to #3	<b>No:</b> Go to #4
3. Will the prescriber consider a change to a preferred product? Message: <ul style="list-style-type: none"> <li>Preferred products do not require PA.</li> <li>Preferred products are evidence-based reviewed for comparative effectiveness and safety.</li> </ul>	<b>Yes:</b> Inform prescriber of preferred alternatives.	<b>No:</b> Approve for 3 months or course of treatment.
4. Is the prescriber a hematology, oncology or infectious disease specialty prescriber requesting voriconazole or posaconazole?	<b>Yes:</b> Approve for 3 months or course of treatment.	<b>No:</b> Go to #5

<b>Approval Criteria</b>																		
5. Is the diagnosis not funded by OHP? (see examples in Table 2).	<b>Yes:</b> Pass to RPh. Deny; not funded by OHP	<b>No:</b> Got to #6																
6. Is the diagnosis funded by OHP if criteria are met? (see examples in Table 3).	<b>Yes:</b> Go to #7	<b>No:</b> Go to #9																
7. Is the patient immunocompromised (examples below)? <ul style="list-style-type: none"> <li>• Does the patient have a current (not history of) diagnosis of cancer <b>AND</b> is currently undergoing Chemotherapy or Radiation? Document therapy and length of treatment. <b>OR</b></li> <li>• Does the patient have a diagnosis of HIV/AIDS? <b>OR</b></li> <li>• Does the patient have sickle cell anemia?</li> <li>• Poor nutrition, elderly or chronically ill?</li> <li>• Other conditions as determined and documented by a RPh.</li> </ul>	<b>Yes:</b> Record ICD-10 code. Approve as follows: (immunocompromised patient) <div style="border: 1px solid black; padding: 5px; margin-top: 10px;"> <p style="text-align: center; background-color: black; color: white; margin: 0;"><b>ORAL &amp; TOPICAL</b></p> <ul style="list-style-type: none"> <li>• Course of treatment.</li> <li>• If length of therapy is unknown, approve for 3 months.</li> </ul> </div>	<b>No:</b> Go to #8																
8. Is the patient currently taking an immunosuppressive drug? Document drug.  <b>Pass to RPh for evaluation if drug not in list.</b>  Immunosuppressive drugs include but are not limited to: <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 10px;"> <tr><td style="padding: 2px;">azathioprine</td><td style="padding: 2px;">leflunomide</td></tr> <tr><td style="padding: 2px;">basiliximab</td><td style="padding: 2px;">mercaptopurine</td></tr> <tr><td style="padding: 2px;">cyclophosphamide</td><td style="padding: 2px;">methotrexate</td></tr> <tr><td style="padding: 2px;">cyclosporine</td><td style="padding: 2px;">mycophenolate</td></tr> <tr><td style="padding: 2px;">etanercept</td><td style="padding: 2px;">rituximab</td></tr> <tr><td style="padding: 2px;">everolimus</td><td style="padding: 2px;">sirolimus</td></tr> <tr><td style="padding: 2px;">hydroxychloroquine</td><td style="padding: 2px;">tacrolimus</td></tr> <tr><td style="padding: 2px;">infliximab</td><td style="padding: 2px;"></td></tr> </table>	azathioprine	leflunomide	basiliximab	mercaptopurine	cyclophosphamide	methotrexate	cyclosporine	mycophenolate	etanercept	rituximab	everolimus	sirolimus	hydroxychloroquine	tacrolimus	infliximab		<b>Yes:</b> Approve as follows: (immunocompromised patient) <div style="border: 1px solid black; padding: 5px; margin-top: 10px;"> <p style="text-align: center; background-color: black; color: white; margin: 0;"><b>ORAL &amp; TOPICAL</b></p> <ul style="list-style-type: none"> <li>• Course of treatment.</li> <li>• If length of therapy is unknown, approve for 3 months.</li> </ul> </div>	<b>No:</b> Pass to RPh. Deny; not funded by the OHP
azathioprine	leflunomide																	
basiliximab	mercaptopurine																	
cyclophosphamide	methotrexate																	
cyclosporine	mycophenolate																	
etanercept	rituximab																	
everolimus	sirolimus																	
hydroxychloroquine	tacrolimus																	
infliximab																		

## Approval Criteria

9. RPh only: All other indications need to be evaluated to see if it is an OHP-funded diagnosis:
- If funded: may approve for treatment course with PRN renewals. If length of therapy is unknown, approve for 3-month intervals only.
  - If not funded: Deny; not funded by the OHP.
    - Deny non-fungal diagnosis (medical appropriateness)
    - Deny fungal ICD-10 codes that do not appear on the OHP list pending a more specific diagnosis code (not funded by the OHP).
    - Forward any fungal ICD-10 codes not found in the Tables 1, 2, or 3 to the Lead Pharmacist. These codes will be forwarded to DMAP to be added to the Tables for future requests.

*P&T Review:* 2/22 (KS); 11/19 (KS); 7/15; 09/10; 2/06; 11/05; 9/05; 5/05  
*Implemented:* 4/1/22; 5/1/16; 8/15; 1/1/11; 7/1/06; 11/1/0; 9/1/0