

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:

Preferred alternatives listed at www.orpdl.org/drugs/

Table 1: Examples of FUNDED indications (1/1/15)

ICD-10	Description
B373	Candidiasis of vulva and vagina
B371	Candidiasis of the lung
B377	Disseminated Candidiasis
B375-376, B3781-3782, B3784-3789	Candidiasis of other specified sites
B380-B384, B3889, B389	Coccidiomycosis various sites
B392-395, B399, G02, H32, I32, I39, J17	Histoplasmosis
B409, B410, B419, B480	Blastomycosis
B420-427, B429, B439, B449-450, B457, B459, B469, B481-482, B488, B49	Rhinosporidiosis, Sporotrichosis, Chromoblastomycosis, Aspergillosis, Mycotis Mycetomas, Cryptococcosis, Allescheriosis, Zygomycosis, Dematiaceous Fungal Infection, Mycoses Nec and Nos
B488	Mycosis, Opportunistic
B4481	Bronchopulmonary Aspergillus, Allergic
N739-751, N759, N760-N771(except N72)	Inflammatory disease of cervix vagina and vulva
L3019, L3029, L3039, L3049	Cellulitis and abscess of finger and toe
P375	Neonatal Candida infection

Table 2: Examples of NON-FUNDED indications (1/1/15)

ICD-9	Description
L2083, L210-211, L218-219, L303	Erythematous squamous dermatosis
L22	Diaper or napkin rash
L20.0-20.82, L20.84-20.89	Other atopic dermatitis and related conditions
L240-242, L251-255, L578, L579, L230, L2381, L2481, L250, L252, L258-259, L551-552, L568, L589	Contact dermatitis and other eczema
L530-532, L510, L518-519, L52, L710-711, L718, L930, L932, L490-L499, L539, L26, L304, L538, L920, L951, L982,	ERYTHEMATOUS CONDITIONS

L438,L441-443, L449,L661	Lichen Planus
L700-702, L708	ROSACEA; ACNE
B351	Dermatophytosis of nail (onychomycosis)
B360	Pityriasis versicolor
B362	Tinea blanca
B363	Black piedra
B368	Dermatomycoses nec
B369	Dermatomycosis nos
B372	Cutaneous candidiasis
B379	Candidiasis site nos
R21	Nonspecif skin erupt nec

Table 3: Criteria driven diagnoses (1/1/15)

ICD-9	Description
B350	Dermatophytosis of scalp and beard (tinea capitis/ tinea barbae)
B352	Dermatophytosis of hand (tinea manuum)
B356	Dermatophytosis of groin and perianal area (tinea cruris)
B353	Dermatophytosis of foot (tinea pedis)
B355	Dermatophytosis of body (tinea corporis / tinea imbricate)
B358	Deep seated dermatophytosis
B358-B359	Dermatophytosis of other specified sites - unspecified site
B361	Tinea nigra
B370,B3783	Candidiasis of mouth
B3742,B3749	Candidiasis of other urogenital sites

Approval Criteria

1. What diagnosis is being treated?	Record ICD10 code.	
2. Is the diagnosis funded by OHP? (See examples in Table 1).	Yes: Go to #3.	No: Go to #4.
3. Will the prescriber consider a change to a preferred product? Message: <ul style="list-style-type: none"> Preferred products do not require PA. Preferred products are evidence-based reviewed for comparative effectiveness and safety. 	Yes: Inform provider of preferred alternatives.	No: Approve for 3 months or course of treatment.
4. Is the prescriber a hematology, oncology or infectious disease specialty prescriber requesting voriconazole?	Yes: Approve for 3 months or course of treatment.	No: Go to #5
5. Is the diagnosis not funded by OHP? (see examples in Table 2).	Yes: Pass to RPH: Deny (Not Funded by OHP).	No: Got to #6
6. Is the diagnosis funded by OHP if criteria are met? (see examples in Table 3).	Yes: Go to #7.	No: Go to #9.
7. Is the patient immunocompromised (examples below)? <ul style="list-style-type: none"> Does the patient have a current (not history of) diagnosis of cancer AND is currently undergoing Chemotherapy or Radiation? Document therapy and length of treatment. OR Does the patient have a diagnosis of HIV/AIDS? OR Does the patient have sickle cell anemia? Poor nutrition, elderly or chronically ill? Other conditions as determined and documented by a RPh. 	Yes: Record ICD-10 code. Approve as follows: (Immunocompromised patient) <div> ORAL & TOPICAL <ul style="list-style-type: none"> Course of treatment. If length of therapy is unknown, approve for 3 months. </div>	No: Go to #8

Approval Criteria

8. Is the patient currently taking an immunosuppressive drug? Document drug.

Pass to RPH for evaluation if drug not in list.

Immunosuppressive drugs include but are not limited to:

azathioprine	leflunomide
basiliximab	mercaptopurine
cyclophosphamide	methotrexate
cyclosporine	mycophenolate
etanercept	rituximab
everolimus	sirolimus
hydroxychloroquine	tacrolimus
infliximab	

Yes: Approve as follows: (Immunocompromised patient)

ORAL & TOPICAL

- Course of treatment.
- If length of therapy is unknown, approve for 3 months.

No: Pass to RPH; Deny (Not Funded by the OHP)

9. RPh only: All other indications need to be evaluated to see if it is an OHP-funded diagnosis:

- If above the line, then may be approved for treatment course with PRN renewals. If length of therapy is unknown, approve for 3-month intervals only.
- If below the line: 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 / DUR Review:
Implemented

7/15 (kk); 09/10; 2/06; 11/05; 9/05; 5/05
10/15, 8/15; 1/1/11; 7/1/06; 11/1/0; 9/1/0