

# Miltefosine



**Included Products:** Impavido (miltefosine)

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## All Diagnoses

Initial Criteria		If yes	If no
1.	Is the request for treatment of visceral, cutaneous, and/or mucosal leishmaniasis?	Continue to #2.	Do not approve.
2.	Is the request from or in consultation with an Infectious Disease specialist?	Continue to #3.	Do not approve.
3.	Has the member tried and failed IV amphotericin B or Ambisome?	Continue to #4.	Do not approve.
4.	Approve for maximum of 28 days.		