

Voriconazole



Included Products: Vfend (voriconazole)

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All Diagnoses

Initial Criteria		If yes	If no
1.	Is treatment being initiated by an infectious disease specialist or hematologist/oncologist?	Continue to #2.	Do not approve.
2.	Does the member have a diagnosis of esophageal candidiasis or candidemia (including disseminated candidiasis)?	Continue to #3.	Continue to #4.
3.	Has the member failed treatment with fluconazole?	Continue to #9.	Do not approve.
4.	Does the member have a diagnosis of blastomycosis of the central nervous system and is stepping down from amphotericin B?	Approve for 12 months.	Continue to #5.
5.	Does the member have a diagnosis of invasive aspergillosis or a serious infection caused by <i>Scedosporium apiospermum</i> or <i>Fusarium</i> species intolerant or refractory to other therapy?	Continue to #9.	Continue to #6.
6.	Is the request for secondary prophylaxis in a member with successfully treated invasive pulmonary aspergillosis who will require subsequent immunosuppression?	Approve for the duration of immunosuppression.	Continue to #7.
7.	Is the request for primary prophylaxis of <i>Aspergillus</i> in patients with prolonged neutropenia due to intensive chemotherapy for acute myelogenous leukemia or advanced myelodysplastic syndrome?	Approve for 6 months at a time until neutropenia has resolved.	Continue to #8.
8.	Is the request for primary prophylaxis of <i>Aspergillus</i> in an allogeneic stem cell transplant recipient?	Approve for 3 months.	Do not approve.
9.	Approve for the duration of therapy.		