

# PRIOR AUTHORIZATION CRITERIA

**BRAND NAME**  
(generic)

**VFEND**  
(voriconazole)

**Status: CVS Caremark Criteria**  
**Type: Initial Prior Authorization**

## 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

The requested drug will be covered with prior authorization when the following criteria are met:

- The requested drug is being prescribed for the treatment of invasive aspergillosis OR a fungal infection caused by *Fusarium* or *Scedosporium* species

**OR**

- The patient has any of the following diagnoses: A) candidemia (patient is non-neutropenic), B) esophageal candidiasis, C) disseminated (widespread) *Candida* infection in the skin, D) *Candida* infection in the abdomen, kidney, bladder wall, or wounds

**AND**

- The patient has experienced an inadequate treatment response, intolerance, or contraindication to alternative antifungal therapies

### REFERENCES

1. Vfend [package insert]. New York, NY: Pfizer Inc.; August 2017.
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 2018.
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 2018.
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* 2016;62(4):e1-50.
5. Patterson TF, Thompson III GR, Denning DW, et al. Practice Guidelines for the Diagnosis and Management of Aspergillosis: 2016 Update by the Infectious Diseases Society of America. *Clinical Infectious Diseases* 2016;63(4):e1-60.
6. Stevens DL, Bisno AL, Chambers HF, et al. Practice Guidelines for the Diagnosis and Management of Skin and Soft Tissue Infections: 2014 Update by the Infectious Diseases Society of America. *Clinical Infectious Diseases* 2014;59(2):e10-52.