

## PRIOR AUTHORIZATION POLICY

**POLICY:** Antifungals – Voriconazole (Oral) Prior Authorization Policy

- Vfend® (voriconazole tablets and oral suspension – Roerig/Pfizer, generic)

**REVIEW DATE:** 06/29/2022

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### OVERVIEW

Voriconazole, an azole antifungal, is indicated in patients  $\geq 2$  years of age for the following uses:<sup>1</sup>

- **Candidemia**, in non-neutropenic patients and other deep tissue *Candida* infections.
- **Esophageal candidiasis**.
- **Invasive aspergillosis**.
- ***Scedosporium apiospermum*** (asexual form of *Pseudallescheria boydii*) and ***Fusarium spp.*** (including *Fusarium solani*), in patients intolerant of, or refractory to, other therapy.

The duration of voriconazole therapy is varied, ranging from a median duration of 15 days for esophageal candidiasis to 76 days for invasive aspergillosis.<sup>1</sup>

### Guidelines

The Infectious Diseases Society of America (IDSA) recommends voriconazole as a treatment option for invasive aspergillosis (2016) and different invasive syndromes of *Aspergillus* (e.g., invasive pulmonary aspergillosis, invasive sinus aspergillosis, aspergillosis of the central nervous system) and for candidemia and candidiasis.<sup>2,3</sup> The IDSA guidelines for management of candidiasis note voriconazole has demonstrated effectiveness for both mucosal and invasive candidiasis (e.g., *Candida* intravascular infections, including endocarditis and infections of implantable cardiac devices; fluconazole-refractory oropharyngeal candidiasis; *Candida* endophthalmitis).<sup>3</sup> The IDSA guidelines for the management of blastomycosis (2008) note voriconazole as an option for the treatment of central nervous system blastomycosis.<sup>5</sup>

The NCCN Guidelines for Prevention and Treatment of Cancer-Related Infections (version 1.2022 – June 2, 2022) note voriconazole as an option for the treatment and/or prophylaxis against fungal infections in patients at risk of neutropenia (e.g., patients with cancer [acute myeloid leukemia, myelodysplastic syndromes]; patients with graft-versus-host disease [GVHD]; hematopoietic cell transplant [HCT] recipients).<sup>4</sup> Antifungal prophylaxis should be continued until resolution of neutropenia or GVHD; in one study involving HCT recipients, voriconazole was used for up to 6 months.

The Guidelines for Prevention and Treatment of Opportunistic Infections in Adults and Adolescents with Human Immunodeficiency Virus (HIV) Infections (last updated April 2022) recommend voriconazole as a treatment option for esophageal candidiasis and for the prophylaxis/treatment of various fungal infections (e.g., histoplasmosis, coccidioidomycosis, and talaromycosis) in patients with HIV.<sup>6</sup>

### POLICY STATEMENT

Prior Authorization is recommended for prescription benefit coverage of Vfend tablets and oral suspension and generic voriconazole tablets and oral suspension. All approvals are provided for the duration noted below. In cases where the approval is authorized in months, 1 month is equal to 30 days.

**Automation:** None.

### RECOMMENDED AUTHORIZATION CRITERIA

06/29/2022

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Coverage of Voriconazole is recommended in those who meet one of the following criteria:

### FDA-Approved Indications

1. ***Aspergillus* Infection – Treatment.** Approve for 3 months if the patient meets one of the following criteria (A or B):
  - A) Generic voriconazole tablets or oral suspension is requested; OR
  - B) Patient meets both of the following (i and ii):
    - i. Patient has tried the corresponding generic voriconazole product (tablet or oral suspension); AND
    - ii. Patient cannot take the generic voriconazole product due to a formulation difference in the inactive ingredient(s) [e.g., difference in dyes, fillers, preservatives] between the brand and the bioequivalent generic product, which per the prescriber, would result in a significant allergy or serious adverse reaction.
  
2. ***Candida* (Systemic) Infection – Treatment.** Approve for 3 months if the patient meets one of the following criteria (A or B):
  - A) Generic voriconazole tablets or oral suspension is requested; OR
  - B) Patient meets both of the following (i and ii):
    - i. Patient has tried the corresponding generic voriconazole product (tablet or oral suspension); AND
    - ii. Patient cannot take the generic voriconazole product due to a formulation difference in the inactive ingredient(s) [e.g., difference in dyes, fillers, preservatives] between the brand and the bioequivalent generic product, which per the prescriber, would result in a significant allergy or serious adverse reaction.
  
3. **Esophageal Candidiasis – Treatment.** Approve for 3 months if the patient meets one of the following criteria (A or B):
  - A) Generic voriconazole tablets or oral suspension is requested; OR
  - B) Patient meets both of the following (i and ii):
    - i. Patient has tried the corresponding generic voriconazole product (tablet or oral suspension); AND
    - ii. Patient cannot take the generic voriconazole product due to a formulation difference in the inactive ingredient(s) [e.g., difference in dyes, fillers, preservatives] between the brand and the bioequivalent generic product, which per the prescriber, would result in a significant allergy or serious adverse reaction.
  
4. ***Fusarium* Infection – Treatment.** Approve for 3 months if the patient meets one of the following criteria (A or B):
  - A) Generic voriconazole tablets or oral suspension is requested; OR
  - B) Patient meets both of the following (i and ii):
    - i. Patient has tried the corresponding generic voriconazole product (tablet or oral suspension); AND
    - ii. Patient cannot take the generic voriconazole product due to a formulation difference in the inactive ingredient(s) [e.g., difference in dyes, fillers, preservatives] between the brand and the bioequivalent generic product, which per the prescriber, would result in a significant allergy or serious adverse reaction.
  
5. ***Scedosporium apiospermum* Infection – Treatment.** Approve for 3 months if the patient meets one of the following criteria (A or B):
  - A) Generic voriconazole tablets or oral suspension is requested; OR

- B) Patient meets both of the following (i and ii):
  - i. Patient has tried the corresponding generic voriconazole product (tablet or oral suspension);  
AND
  - ii. Patient cannot take the generic voriconazole product due to a formulation difference in the inactive ingredient(s) [e.g., difference in dyes, fillers, preservatives] between the brand and the bioequivalent generic product, which per the prescriber, would result in a significant allergy or serious adverse reaction.

### Other Uses with Supportive Evidence

6. **Aspergillus Infection – Prophylaxis.** Approve for 6 months if the patient meets one of the following criteria (A or B):

A) Generic voriconazole tablets or oral suspension is requested; OR

B) Patient meets both of the following (i and ii):

- i. Patient has tried the corresponding generic voriconazole product (tablet or oral suspension);  
AND
- ii. Patient cannot take the generic voriconazole product due to a formulation difference in the inactive ingredient(s) [e.g., difference in dyes, fillers, preservatives] between the brand and the bioequivalent generic product, which per the prescriber, would result in a significant allergy or serious adverse reaction.

7. **Blastomycosis – Treatment.** Approve for 3 months if the patient meets one of the following criteria (A or B):

A) Generic voriconazole tablets or oral suspension is requested; OR

B) Patient meets both of the following (i and ii):

- i. Patient has tried the corresponding generic voriconazole product (tablet or oral suspension);  
AND
- ii. Patient cannot take the generic voriconazole product due to a formulation difference in the inactive ingredient(s) [e.g., difference in dyes, fillers, preservatives] between the brand and the bioequivalent generic product, which per the prescriber, would result in a significant allergy or serious adverse reaction.

8. **Candida Endophthalmitis – Treatment.** Approve for 3 months if the patient meets one of the following criteria (A or B):

A) Generic voriconazole tablets or oral suspension is requested; OR

B) Patient meets both of the following (i and ii):

- i. Patient has tried the corresponding generic voriconazole product (tablet or oral suspension);  
AND
- ii. Patient cannot take the generic voriconazole product due to a formulation difference in the inactive ingredient(s) [e.g., difference in dyes, fillers, preservatives] between the brand and the bioequivalent generic product, which per the prescriber, would result in a significant allergy or serious adverse reaction.

9. **Fungal Infection (Systemic) in a Patient at Risk of Neutropenia – Prophylaxis.** Approve for 6 months if the patient meets one of the following criteria (A or B):

A) Generic voriconazole tablets or oral suspension is requested; OR

B) Patient meets both of the following (i and ii):

- i. Patient has tried the corresponding generic voriconazole product (tablet or oral suspension);  
AND
- ii. Patient cannot take the generic voriconazole product due to a formulation difference in the inactive ingredient(s) [e.g., difference in dyes, fillers, preservatives] between the brand and the

bioequivalent generic product, which per the prescriber, would result in a significant allergy or serious adverse reaction.

**10. Fungal Infection (Systemic) in a Patient with Human Immunodeficiency Virus (HIV) – Prophylaxis or Treatment.** Approve for 6 months if the patient meets one of the following criteria (A or B):

- A) Generic voriconazole tablets or oral suspension is requested; OR
- B) Patient meets both of the following (i and ii):
  - i. Patient has tried the corresponding generic voriconazole product (tablet or oral suspension); AND
  - ii. Patient cannot take the generic voriconazole product due to a formulation difference in the inactive ingredient(s) [e.g., difference in dyes, fillers, preservatives] between the brand and the bioequivalent generic product, which per the prescriber, would result in a significant allergy or serious adverse reaction.

**11. Fungal Infection (Systemic) that is Susceptible to Voriconazole – Treatment.** Approve for 3 months if the patient meets one of the following criteria (A or B):

- A) Generic voriconazole tablets or oral suspension is requested; OR
- B) Patient meets both of the following (i and ii):
  - i. Patient has tried the corresponding generic voriconazole product (tablet or oral suspension); AND
  - ii. Patient cannot take the generic voriconazole product due to a formulation difference in the inactive ingredient(s) [e.g., difference in dyes, fillers, preservatives] between the brand and the bioequivalent generic product, which per the prescriber, would result in a significant allergy or serious adverse reaction.

**12. Oropharyngeal Candidiasis (Fluconazole-Refractory) – Treatment.** Approve for 3 months if the patient meets one of the following criteria (A or B):

- A) Generic voriconazole tablets or oral suspension is requested; OR
- B) Patient meets both of the following (i and ii):
  - i. Patient has tried the corresponding generic voriconazole product (tablet or oral suspension); AND
  - ii. Patient cannot take the generic voriconazole product due to a formulation difference in the inactive ingredient(s) [e.g., difference in dyes, fillers, preservatives] between the brand and the bioequivalent generic product, which per the prescriber, would result in a significant allergy or serious adverse reaction.

**13. Patient is Currently Receiving Voriconazole.** Approve for 3 months to complete the course of therapy if the patient meets ONE of the following criteria (A or B):

- A) Generic voriconazole tablets or oral suspension is requested; OR
- B) Patient meets both of the following (i and ii):
  - i. Patient has tried the corresponding generic voriconazole product (tablet or oral suspension); AND
  - ii. Patient cannot take the generic voriconazole product due to a formulation difference in the inactive ingredient(s) [e.g., difference in dyes, fillers, preservatives] between the brand and the bioequivalent generic product, which per the prescriber, would result in a significant allergy or serious adverse reaction.

**CONDITIONS NOT RECOMMENDED FOR APPROVAL**

Coverage of voriconazole is not recommended in the following situations:

1. Coverage is not recommended for circumstances not listed in the Recommended Authorization Criteria. Criteria will be updated as new published data are available.

## REFERENCES

1. Vfend® tablet and oral suspension [prescribing information]. New York, NY: Roerig/Pfizer; January 2019.
2. Patterson TF, Thompson GR, Denning DW, et al. Practice guidelines for the diagnosis and management of aspergillosis: 2016 update by the Infectious Diseases Society of America. *Clin Infect Dis*. 2016;63(4):e1-e60.
3. Pappas PG, Kauffman CA, Andes DR, et al. Clinical practice guidelines for the management of candidiasis: 2016 update by the Infectious Diseases Society of America. *Clin Infect Dis*. 2016;62(4):e1-50.
4. The NCCN Prevention and Treatment of Cancer-Related Infections Clinical Practice Guidelines in Oncology (version 1.2022 – June 2, 2022). ©2022 National Comprehensive Cancer Network, Inc. Available at: <http://www.nccn.org>. Accessed on June 15, 2022.
5. Chapman SW, Dismukes WE, Proia LA, et al. Clinical practice guidelines for the management of blastomycosis: 2008 update by the Infectious Diseases Society of America. *Clin Infect Dis*. 2008;46:1801-1812.
6. Panel on Opportunistic Infections in HIV-Infected Adults and Adolescents. Guidelines for the prevention and treatment of opportunistic infections in HIV-infected adults and adolescents: recommendations from the Centers for Disease Control and Prevention, the National Institutes of Health, and the HIV Medicine Association of the Infectious Diseases Society of America. Available at: [http://aidsinfo.nih.gov/contentfiles/lvguidelines/adult\\_oi.pdf](http://aidsinfo.nih.gov/contentfiles/lvguidelines/adult_oi.pdf). Accessed on June 15, 2022.