PRIOR AUTHORIZATION POLICY

POLICY: Antifungals – Voriconazole (Oral) Prior Authorization with Step Therapy Policy
- Vfend® (voriconazole tablets and oral suspension – Roerig/Pfizer, generic)

REVIEW DATE: 07/31/2024

OVERVIEW

Voriconazole, an azole antifungal, is indicated in patients ≥ 2 years of age for the following uses:[1]

- **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.[1]

Guidelines

The Infectious Diseases Society of America (IDSA) recommends voriconazole as a treatment option for the treatment or prevention of invasive aspergillosis (2016) and for candidemia and candidiasis.[2,3] Use of voriconazole for treatment of infections caused by *Candida* spp and *Aspergillus* spp are also noted in the National Comprehensive Cancer Network (NCCN) guidelines for the prevention and treatment of cancer-related infections (version 1.2024 – April 30, 2024).[4] The IDSA guidelines for management of candidiasis note voriconazole has demonstrated effectiveness for candidemia and candidiasis, including mucosal and invasive candidiasis (e.g., *Candida* intravascular infections, including endocarditis and infections of implantable cardiac devices; fluconazole-refractory oropharyngeal candidiasis; *Candida* endophthalmitis).[3] Voriconazole represents an option in the first-line treatment of infections due to *Scedosporium* spp and *Fusarium* spp.[5]

NCCN also notes voriconazole as a treatment option for the prevention of fungal infections in patients with significant graft-versus-host disease (GVHD) [especially grade 3/4] who are receiving immunosuppressive therapy; treatment should continue until resolution of significant GVHD.[4] Voriconazole is also a treatment option for these groups of patients with neutropenia: patients with myelodysplastic syndrome, patients with acute myeloid leukemia, and patients who are allogeneic hematopoietic cell transplant recipients; treatment should continue until resolution of neutropenia.

The IDSA guidelines for the management of blastomycosis (2008; archived) note voriconazole as an option for the treatment of central nervous system blastomycosis.[6]

The Guidelines for Prevention and Treatment of Opportunistic Infections in Adults and Adolescents with Human Immunodeficiency Virus (HIV) Infections (last updated July 2024) recommend voriconazole as a treatment option for the prophylaxis/treatment of various fungal infections (e.g., histoplasmosis, coccidioidomycosis, and talaromycosis) in patients with HIV.[7]

POLICY STATEMENT

Prior Authorization is recommended for prescription benefit coverage of Vfend tablets and oral suspension and generic voriconazole tablets and oral suspension. This Prior Authorization Policy also contains a Step Therapy component. When clinically appropriate, patients are directed to try the generic product. 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

Coverage of Vfend/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 (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 (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 (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.

***Fusarium* Infection – Treatment.** Approve for 3 months if the patient meets ONE of the following (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 (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 (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 (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 (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 With Cancer and Neutropenia – Prophylaxis.** Approve for 6 months if the patient meets ONE of the following (A or B):
   Note: Examples of cancers predisposing neutropenic patients to risk of fungal infections include: myelodysplastic syndrome, acute myeloid leukemia, patients post-allogeneic hematopoietic cell transplant
   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 Graft-versus-Host Disease - Prophylaxis**. Approve for 6 months if the patient meets ONE of the following (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) in a Patient with Human Immunodeficiency Virus (HIV) – Prophylaxis or Treatment.** Approve for 6 months if the patient meets ONE of the following (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 (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. Fungal Infection (Systemic) that is Susceptible to Voriconazole – Treatment. Approve for 3 months if the patient meets ONE of the following (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.

14. Patient is Currently Receiving Voriconazole. Approve for 3 months to complete the course of therapy if the patient meets ONE of the following (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 Vfend/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; October 2022.
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 1.2024 – April 30, 2024). ©2024 National Comprehensive Cancer Network. Available at: http://www.nccn.org. Accessed on July 25, 2024.
5. Tortorano AM, Richardson M, Roilides E, et al. European Society for Clinical Microbiology and Infectious Diseases (ESCMID) and European Confederation of Medical Mycology (ECMM) joint guidelines on diagnosis and management of hyalohyphomycosis: Fusarium spp., Scedosporium spp. and others. *Clin Microb Infect*. 2014;20(Suppl 3): 37-46.
6. 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 (Archived). *Clin Infect Dis*. 2008;46:1801-1812.
7. 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: https://clinicalinfo.hiv.gov/sites/default/files/guidelines/documents/adult-adolescent-oi/guidelines-adult-adolescent-oi.pdf. Last updated July 9, 2024. Accessed on July 25, 2024.