Missouri Pharmacy Program – Preferred Drug List

Antifungal (Onychomycosis/Candidiasis) Agents - Oral

Effective 10/04/2012
Revised 07/11/2019

Preferred Agents

• Clotrimazole Troche
• Fluconazole Tabs/Susp
• Griseofulvin Susp
• Nystatin Tabs/Susp
• Terbinafine Tabs

Non-Preferred Agents

• Diflucan® Tabs/Susp
• Gris-PEG®
• Griseofulvin Caps/Tabs
• Griseofulvin Ultramicrosize Tabs
• Itraconazole Caps/Soln
• Nystatin Oral Pwd
• Onmel®
• Oravig® Buccal
• Sporanox® Caps/Soln

Approval Criteria

• For Clotrimazole, Fluconazole, Miconazole, Nystatin:
  o Diagnosis of Oropharyngeal, GI, or Esophageal Candidiasis
• Documented diagnosis of proximal or distal, white, subungal onychomycosis, identified through:
  o KOH microscopic exam, or
  o Periodic Acid Schiff (PAS), or
  o Fungal Culture, or
  o Nail Biopsy
• > 30% nail plate involvement
• Failure to achieve desired therapeutic outcomes with trial of 1 preferred agent
   o Documented trial period of preferred agents
   o Documented ADE/ADR to preferred agents
• See Appendix I for maximum approvable durations of therapy for onychomycosis

Denial Criteria

• Lack of adequate trial on required preferred agents
• Therapy will be denied if no approval criteria are met
• Sporanox Only:
  o Left Ventricular dysfunction, such as congestive heart failure
• Drug Prior Authorization Hotline: (800) 392-8030
### Appendix I

<table>
<thead>
<tr>
<th>Product</th>
<th>Strength/Dose</th>
<th>Duration of Therapy</th>
<th>Anatomic Location of Infection</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lamisil</td>
<td>250mg Once Daily</td>
<td>6 Weeks</td>
<td>Fingernails</td>
</tr>
<tr>
<td>Lamisil</td>
<td>250mg Once Daily</td>
<td>12 Weeks</td>
<td>Toenails</td>
</tr>
<tr>
<td>Sporanox</td>
<td>200mg Twice Daily</td>
<td>1 Week (3 weeks no therapy) for 3 cycles (pulse)</td>
<td>Fingernails</td>
</tr>
<tr>
<td>Sporanox</td>
<td>200mg Once Daily</td>
<td>12 Weeks (or pulse)</td>
<td>Toenails</td>
</tr>
</tbody>
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