



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:
 - Diagnosis of Oropharyngeal, GI, or Esophageal Candidiasis
- Documented diagnosis of proximal or distal, white, subungual onychomycosis, identified through:
 - KOH microscopic exam, or
 - Periodic Acid Schiff (PAS), or
 - Fungal Culture, or
 - Nail Biopsy
- > 30% nail plate involvement
- Failure to achieve desired therapeutic outcomes with trial of 1 preferred agent
 - Documented trial period of preferred agents
 - 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:
 - Left Ventricular dysfunction, such as congestive heart failure
- Drug Prior Authorization Hotline: (800) 392-8030

Appendix I

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