



# **Proposal**

Drug/Drug Class:	Antifungal Agents, Topicals PDL Edit				
First Implementation Date:	July 10, 2014				
Revised Date:	July 1, 2021				
Prepared For:	MO HealthNet				
Prepared By:	MO HealthNet/Conduent				
Criteria Status:	□Existing Criteria				
	⊠Revision of Existing Criteria				
	□New Criteria				

### **Executive Summary**

**Purpose:** The MO HealthNet Pharmacy Program will implement a state-specific preferred drug list.

Why Issue Selected:

Many types of fungal germs (fungi) live harmlessly in the soil, on food, on our skin and in other places in the environment. However, some types of fungi can thrive and multiply on the surface of the body causing infection of the skin, nails, mouth or vagina. The most common fungi to cause skin infections are the tinea group of fungi. For example, tinea pedis (athlete's foot) is a common fungal infection of the toes and feet. Thrush is a common fungal infection of the mouth and vagina caused by an overgrowth of candida which is a yeast (a type of fungus). Small numbers of candida commonly live on the skin. However, certain conditions can cause candida to multiply and cause infection. Topical antifungals are used to treat these very common infections.

Total program savings for the PDL classes will be regularly reviewed.

# Program-Specific Information:

#### **Preferred Agents Non-Preferred Agents** Alevazol® OTC Azolen™ Tinc OTC CicloDan® Butenafine Crm OTC Ciclopirox 0.77% Crm/Susp Ciclopirox 0.77% Gel Clotrimazole Crm OTC Ciclopirox 1% Shampoo Clotrimazole Soln Rx Ciclopirox 8% Kit/Soln Clotrimazole/Betamethasone Crm Clotrimazole Crm Rx Ketoconazole Shampoo **Clotrimazole Soln OTC** Miconazole Crm/Pwd/Spray Pwd Clotrimazole/Betamethasone Lot OTC Desenex® Nyamyc® Pwd Econazole Nystatin Crm/Oint/Pwd Ertaczo® Nystop® Pwd Exelderm® Terbinafine Crm OTC Extina® Tolnaftate Crm/Pwd/Soln OTC Fungoid®-D Zeasorb® AF Jublia<sup>®</sup> Kerydin® Ketoconazole Crm/Foam Ketodan® Loprox® Lotrimin<sup>®</sup> Lotrisone® Luliconazole Luzu® Mentax® Miconazole-Zinc-Petro 0.25-15% Naftifine **Naftin®** Nizoral® Nystatin/Triamcinolone Oxiconazole Oxistat® Penlac<sup>®</sup> **Tavaborole** Tinactin® Tolnaftate Spray OTC **Vusion®** Xolegel®

**☑** Preferred Drug List

Type of Criteria:		
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□ Appropriate Indications □ Clinical Edit

Data Sources: ☐ Only Administrative Databases ☐ Databases + Prescriber-Supplied

### **Setting & Population**

- Drug class for review: Antifungal Agents, Topical
- Age range: All appropriate MO HealthNet participants

#### **Approval Criteria**

SmartPA PDL Proposal Form

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- Failure to achieve desired therapeutic outcomes with trial on 4 or more preferred agents
  - o Documented trial period of preferred agents **OR**
  - Documented ADE/ADR to preferred agents

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- Lack of adequate trial on required preferred agents
- Therapy will be denied if all approval criteria are not met

<b>Required Documenta</b>	ation		
Laboratory Results: MedWatch Form:		Progress Notes: Other:	
Disposition of Edit			
Denial: Exception Code	"0160" (Prefe	rred Drug List)	

Rule Type: PDL

## **Default Approval Period**

1 year

#### References

- 1. Evidence-Based Medicine and Fiscal Analysis: "Topical Antifungals Topical Therapeutic Class Review", Conduent Business Services, L.L.C., Richmond, VA; March 2021.
- 2. Evidence-Based Medicine Analysis: "Topical Antifungal Agents", UMKC-DIC; February 2021.
- 3. Lippincott, Williams, Wilkins. PDR Electronic Library, Montvale NJ; 2021.
- 4. USPDI, Micromedex; 2021.
- 5. Facts and Comparisons eAnswers (online); 2021 Clinical Drug Information, LLC.