



Missouri Pharmacy Program – Preferred Drug List



Antifungal (Onychomycosis/Candidiasis) Agents - Oral

Effective 10/04/2012

Revised 07/12/2018

Preferred Agents

- Clotrimazole Lozenge
- Fluconazole Tablets/Susp
- Griseofulvin Suspension
- Nystatin Tablets/Suspension
- Terbinafine

Non-Preferred Agents

- Diflucan® Tablets/Suspension
- Grifulvin V® Tablets (microsize)
- Griseofulvin Tabs/Caps (microsize)
- **Griseofulvin Ultramicrosize**
- Gris-PEG® (ultramicrosize)
- Itraconazole Capsules
- Lamisil® Granules/Tablets
- Mycelex® Troches
- Nystatin Oral Powder
- Onmel® Tablets
- Oravig® Buccal
- Sporanox® Capsules/Solution

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
 - Periodic Acid Schiff (PAS)
 - Fungal Culture, or
 - Nail Biopsy
- > 30% nail plate involvement
- Failure to achieve desired therapeutic outcomes with trial on 1 preferred agents
 - Documented trial period for preferred agents
 - Documented ADE/ADR to preferred agents
- Documented compliance on current therapy regimen
- See Appendix 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 (CHF)
- Drug Prior Authorization Hotline: (800) 392-8030

Appendix I

<i>Product</i>	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 BID	1 week (3 weeks no therapy) for 3 cycles (Pulse)	Fingernails
Sporanox	200mg Once Daily	12 weeks (or Pulse)	Toenails