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

<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 BID</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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