

SmartPA Criteria Proposal

Drug/Drug Class:	Antifungal Agents – Topicals PDL Edit
First Implementation Date:	July 10, 2014
Proposed Date:	March 19, 2020
Prepared For:	MO HealthNet
Prepared By:	MO HealthNet/Conduent
Criteria Status:	<input type="checkbox"/> Existing Criteria <input checked="" type="checkbox"/> Revision of Existing Criteria <input type="checkbox"/> 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
<ul style="list-style-type: none"> • Butenafine Crm OTC • Ciclopirox 0.7% Crm/Soln/Susp • Clotrimazole Crm/Soln OTC • Clotrimazole/Betamethasone Crm • Ketoconazole Shampoo • Lamisil AT® Crm OTC • Miconazole Crm/Pwd OTC • Nystatin Crm/Oint/Pwd • Terbinafine Crm OTC • Tolnaftate Crm/Soln OTC • Zeasor®AF 	<ul style="list-style-type: none"> • Alevazol® OTC • Aloe Vesta™ Oint • Azolen™ Tincture OTC • Ciclodan® • Ciclopirox 0.77% Gel • Ciclopirox 1% Shampoo • Ciclopirox 8% Kit/Soln • Clotrimazole Crm/Soln Rx • Clotrimazole Oint OTC • Clotrimazole/Betamethasone Lot • DermacinRx® Therazole™ Pak • Desenex® • Econazole • Ecoza™ Foam • Ertaczo® • Exelderm® • Extina® • Jublia®

	<ul style="list-style-type: none"> • Kerydin™ • Ketoconazole Crm/Foam • Ketodan® • Lamisil Ultra® OTC • Lamisil® Gel/Spray OTC • Loprox® • Lotrimin® AF Crm OTC • Lotrisone® • Luliconazole • Luzu® • Mentax® • Miconazole Nitrate Tincture/Kit OTC • Miconazole Spray OTC • Miconazole-Zinc-Petro 0.25-15% • Naftifine • Naftin® • Nizoral® AD • Nizoral® • Nystatin/Triamcinolone • Oxiconazole • Oxistat® • Penlac® • Tinactin® • Tolnaftate Pwd/Spray OTC • Triple Paste AF® • Vusion® • Xolegel®
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Type of Criteria: Increased risk of ADE
 Appropriate Indications

Preferred Drug List
 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

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

Denial Criteria

- Lack of adequate trial on required preferred agents
- Therapy will be denied if no approval criteria are met

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Required Documentation

Laboratory Results:
MedWatch Form:

Progress Notes:
Other:

Disposition of Edit

Denial: Exception Code "0160" (Preferred 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; January 2020.
2. Evidence-Based Medicine Analysis: "Topical Antifungal Agents", UMKC-DIC; Updated January 2020.
3. Lippincott, Williams, Wilkins. PDR Electronic Library, Montvale NJ; 2020.
4. USPDI, Micromedex; 2020.
5. Facts and Comparisons eAnswers (online); 2020 Clinical Drug Information, LLC.

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