

voriconazole (VFEND)

Diagnoses Considered for Coverage:

- Treatment of systemic fungal infection with Aspergillosis, Candidemia, *Scedosporium apiospermum* (asexual form of *Pseudallescheria*), *Fusarium* species
- Esophageal candidiasis

Coverage Criteria:

For generic voriconazole:

1. For systemic fungal infection:

- Patient has a culture positive for Aspergillosis, Candida, *Scedosporium apiospermum*, or *Fusarium*, **and**
- Dose does not exceed 800 mg per day

2. For esophageal candidiasis:

- Inadequate response or intolerable side effect with fluconazole, **and**
- Dose does not exceed 800 mg per day

For brand-name Vfend:

- Meets above criteria for generic, **and**
- Patient has a side effect (intolerance) or allergy to generic that is not expected with the brand.

Coverage Duration:

- Systemic fungal infection: up to 1 year
- Esophageal candidiasis (non-HIV+): Up to 1 month
- Esophageal candidiasis (HIV+): up to 1 year

Effective Date: 08/30/2023