



DRUG QUANTITY MANAGEMENT POLICY – PER RX

- POLICY:** Antifungals – Fluconazole (Oral) Drug Quantity Management Policy – Per Rx
- Diflucan® (fluconazole **150 mg tablets** – Pfizer, generic)

REVIEW DATE: 06/07/2023

INSTRUCTIONS FOR USE

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CIGNA NATIONAL FORMULARY COVERAGE:

OVERVIEW

Fluconazole (Diflucan, generic), a triazole antifungal, is indicated for the following uses:¹

- **Vaginal candidiasis**, as a treatment for vaginal yeast infections due to *Candida*.
- **Oropharyngeal and esophageal candidiasis** as treatment.
- **Cryptococcal meningitis**.
- **Prophylaxis to decrease the incidence of candidiasis**, in patients undergoing bone marrow transplantation who receive cytotoxic chemotherapy and/or radiation therapy.

In small, non-comparative studies, fluconazole was also effective for the treatment of *Candida* urinary tract infections, peritonitis, and systemic *Candida* infections including candidemia, disseminated candidiasis, and pneumonia.¹

Dosing

For vaginal candidiasis, the recommended dose of fluconazole is 150 mg as a single, oral dose.¹ Therefore, two tablets (refer to Quantity Limit table below) are sufficient to treat two episodes of vaginal candidiasis.

The Centers for Disease Control and Prevention guidelines for sexually transmitted infections (2021) and the Infectious Diseases Society of America guidelines for the management of candidiasis (2016), recommend fluconazole 150 mg orally x 1 dose as a prescription treatment option for vulvovaginal candidiasis.^{2,3} For severe vulvovaginal candidiasis (e.g., extensive vulvar erythema, edema, excoriation, and fissure formation), the recommended regimen is 150 mg of fluconazole given in two or three sequential doses (given 72 hours apart). Additionally, immunocompromised patients may require 7 to 14 days of therapy.² For recurrent vulvovaginal candidiasis, usually defined as three or more episodes of symptomatic vulvovaginal candidiasis in less than 1 year, guidelines recommend either fluconazole 100 mg, 150 mg, or 200 mg once every 72 hours (Days 1, 4, and 7) to attempt mycologic remission prior to initiating a maintenance antifungal regimen.² The indicated maintenance regimen is oral fluconazole 100 mg, 150 mg, or 200 mg once weekly (QW) for 6 months. Overrides to the standard quantity limit are provided for these situations.

Fluconazole 150 mg QW has been used off-label, to treat various tinea infections (e.g., tinea pedis, tinea cruris, tinea corporis, tinea manuum, tinea capitis, onychomycosis, and pityriasis versicolor [formerly tinea versicolor]).⁴⁻⁶ A dose of 300 mg QW has also been used for pityriasis versicolor and onychomycosis. The recommended duration of therapy varies by specific indication, but generally, 2 to 6 weeks of therapy are required, with the exception of onychomycosis, which is treated for up to 6 months. Once weekly dosing at 150 mg for up to 4 weeks has also been used for intertrigo (also referred to as cutaneous candidiasis) and *Candida* folliculitis.^{4,5} Overrides are provided to accommodate this dosing.

Other FDA-approved and off-label indications for fluconazole, such as *Candida* urinary tract infections, Coccidioidomycosis, Cryptococcal meningitis, Histoplasmosis, and oropharyngeal/esophageal candidiasis require doses other than 150 mg and other strengths of fluconazole tablets (i.e., 50 mg, 100 mg, or 200 mg) or oral solution should be used.

Availability

Oral fluconazole (Diflucan, generic) is available as 50 mg, 100 mg, 150 mg, and 200 mg tablets.¹ A 10 mg/mL and 40 mg/mL oral suspension is also available. Of note, only the 150 mg tablets are targeted in this policy. No quantity limits apply to the other strengths/dosage forms of fluconazole.

POLICY STATEMENT

This Drug Quantity Management program has been developed to promote the safe, effective, and economic use of fluconazole 150 mg tablets (Diflucan, generic). If the Drug Quantity Management rule is not met for the requested medication at the point of service, coverage will be determined by the Criteria below. All approvals are provided for 1 year in duration, unless otherwise noted below. Note: Only the 150 mg tablets are targeted in this policy. No quantity limits apply to the other strengths/dosage forms of fluconazole (Diflucan, generic).

Drug Quantity Limits

Product	Strength/Package Size	Retail Maximum Quantity per Rx	Home Delivery Maximum Quantity per Rx
Diflucan® (fluconazole tablets, generic)	150 mg tablets* (single, unit-dose blister)	2 tablets	2 tablets

* Quantity limit applies only to the 150 mg tablets. Other strengths/dosage forms of fluconazole (Diflucan, generic) are not targeted by quantity limits.

Antifungals – Fluconazole (Oral) Drug Quantity Management Policy – Per Rx product(s) is(are) covered as medically necessary when the following criteria is(are) met:

CRITERIA

1. If the patient is immunocompromised and requires treatment of vulvovaginal candidiasis, approve a one-time override for the requested quantity, not to exceed 5 tablets at retail or home delivery.
2. If the patient requires treatment for severe vulvovaginal candidiasis, approve a one-time override for the requested quantity, not to exceed 3 tablets at retail or home delivery.
Note: Characteristics of severe disease may include extensive vulvar erythema, edema, excoriation, and fissure formation.
3. If the patient requires treatment of recurrent vulvovaginal candidiasis, approve a one-time override for the requested quantity, not to exceed 3 tablets at retail or home delivery.
4. If the patient requires maintenance treatment for recurrent vulvovaginal candidiasis, approve the requested quantity, not to exceed 4 tablets per dispensing at retail or home delivery.
5. If the patient requires treatment for onychomycosis, approve the requested quantity, not to exceed 4 tablets per dispensing at retail or home delivery.
6. If the patient requires treatment for one of the following conditions (A, B, C, D, E, F, G, or H), approve a one-time override for the requested quantity, not to exceed 6 tablets at retail or home delivery:
 - A) Intertrigo (also referred to as cutaneous candidiasis).
 - B) *Candida* folliculitis.
 - C) Tinea capitis.
 - D) Tinea pedis.
 - E) Tinea cruris.
 - F) Tinea corporis (includes tinea faciei and tinea gladiatorum).

- G)** Tinea manuum.
- H)** Pityriasis versicolor (formerly tinea versicolor).

CONDITIONS NOT COVERED

Any other exception is considered not medically necessary, including the following (this list may not be all inclusive):

- 1.** *Candida* urinary tract infections.
- 2.** Coccidioidomycosis.
- 3.** Cryptococcal meningitis.
- 4.** Histoplasmosis.
- 5.** Oropharyngeal or esophageal candidiasis.

REFERENCES

1. Diflucan® tablets [prescribing information]. New York, NY: Pfizer; January 2023.
2. Workowski KA, Bachmann LH, Chan PA, et al. Sexually Transmitted Infections Treatment Guidelines, 2021. *MMWR Recomm Rep.* 2021;70(4):1-187.
3. Pappas PG, Kauffman CA, Andes DR, et al. Clinical practice guidelines for the management of Candidiasis: 2016 update by the Infectious Diseases Society of America. *Clin Infect Dis.* 2016;62(4):e1-50.
4. Facts and Comparisons® Online. Wolters Kluwer N.V.; 2023. Available at: <http://online.factsandcomparisons.com/lco/action/home>. Accessed on April 24, 2023. Search terms: fluconazole.
5. UpToDate® Online. Wolters Kluwer N.V.; 2023. Available at: <https://www.uptodate.com/contents/search>. Accessed on April 24, 2023. Search terms: fluconazole, tinea infections, fungal folliculitis.
6. Ely JW, Rosenfeld S, Stone S, et al. Diagnosis and management of tinea infections. *Am Fam Physician.* 2014;90(10):702-711.

HISTORY

Type of Revision	Summary of Changes	Review Date
Annual Revision	No criteria changes.	04/27/2021
Annual Revision	<p>Override criteria were added to approve a one-time override for up to 5 tablets for an immunocompromised patient who requires treatment of vulvovaginal candidiasis.</p> <p>Override criteria were added to approve a one-time override for up to 3 tablets for a patient who requires treatment for severe vulvovaginal candidiasis.</p> <p>Updated override criteria to approve up to 4 tablets per dispensing (a 28-day supply at once weekly dosing) for maintenance treatment for recurrent vulvovaginal candidiasis. Previously, 5 tablets per dispensing were approved.</p> <p>Updated override criteria to approve up to 6 tablets per dispensing for the treatment of cutaneous candidiasis (clarified as Intertrigo), Tinea pedis, Tinea cruris, Tinea corporis, and Tinea manuum. Previously, 5 tablets per dispensing were approved.</p> <p>Override criteria were added to approve a one-time override of up to 6 tablets for the treatment of <i>Candida</i> folliculitis, Tinea capitis, Pityriasis versicolor (formerly tinea versicolor).</p> <p>Override criteria were added to approve up to 4 tablets per dispensing for the treatment of onychomycosis.</p> <p>The following conditions were removed from the list of Exclusions: vaginal candidiasis or vulvovaginal candidiasis (non-recurrent), onychomycosis, Tinea barbae, Tinea capitis, Pityriasis (tinea) versicolor. The Exclusion of immunocompromised patients was also removed.</p>	05/18/2022
Annual Revisions	<p>Policy was updated to reflect the existing quantity limits when a product is obtained via home delivery.</p> <p>Fluconazole tablets (Diflucan, generic): Home delivery quantity limit changed from 6 tablets per dispensing to 2 tablets per dispensing.</p>	06/07/2023

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