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Coverage Policy Number **IP0306**

Voriconazole (Oral)

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Related Coverage Resources

INSTRUCTIONS FOR USE
The following Coverage Policy applies to health benefit plans administered by Cigna Companies. Certain Cigna Companies and/or lines of business only provide utilization review services to clients and do not make coverage determinations. References to standard benefit plan language and coverage determinations do not apply to those clients. Coverage Policies are intended to provide guidance in interpreting certain standard benefit plans administered by Cigna Companies. Please note, the terms of a customer's particular benefit plan document [Group Service Agreement, Evidence of Coverage, Certificate of Coverage, Summary Plan Description (SPD) or similar plan document] may differ significantly from the standard benefit plans upon which these Coverage Policies are based. For example, a customer's benefit plan document may contain a specific exclusion related to a topic addressed in a Coverage Policy. In the event of a conflict, a customer's benefit plan document always supersedes the information in the Coverage Policies. In the absence of a controlling federal or state coverage mandate, benefits are ultimately determined by the terms of the applicable benefit plan document. Coverage determinations in each specific instance require consideration of 1) the terms of the applicable benefit plan document in effect on the date of service; 2) any applicable laws/regulations; 3) any relevant collateral source materials including Coverage Policies and; 4) the specific facts of the particular situation. Coverage Policies relate exclusively to the administration of health benefit plans. Coverage Policies are not recommendations for treatment and should never be used as treatment guidelines. In certain markets, delegated vendor guidelines may be used to support medical necessity and other coverage determinations.

Overview

This policy supports medical necessity review for oral Voriconazole (Vfend®).

Receipt of sample product does not satisfy any criteria requirements for coverage.

Medical Necessity Criteria

Voriconazole (Vfend) is considered medically necessary when ONE of the following is met (1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 11, or 12):

1. **Treatment or Prophylaxis of Invasive *Aspergillus* Infection.**

2. **Treatment of Invasive or Severe *Candida* Infections (for example, abdomen, bladder wall, candidemia, endophthalmitis, esophageal, kidney, oropharyngeal, or skin) when there is failure, intolerance, or contraindication to fluconazole.**
3. **Treatment of *Fusarium* Infection.**

4. **Treatment of *Scedosporium apiospermum* Infection.**

5. **Treatment of Blastomycosis.**

6. **Treatment of Coccidioidomycosis when there is failure, intolerance, or contraindication to either fluconazole or itraconazole.**

7. **Treatment of Histoplasmosis when there is failure, intolerance, or contraindication to itraconazole.**

8. **Treatment of Cryptococcosis when there is failure, intolerance, or contraindication to fluconazole.**

9. **Prophylaxis for systemic Fungal Infection in an Individual with Cancer and Neutropenia.**

10. **Prophylaxis for systemic fungal infection in an individual with Graft-versus-Host Disease.**

11. **Prophylaxis or Treatment of systemic Fungal Infection in an Individual with Human Immunodeficiency Virus (HIV).**

12. **Continuation of Therapy for Individual Currently Receiving Intravenous Voriconazole or Oral Voriconazole (Tablets or Oral Suspension) to Complete a Course of Therapy.**

When coverage is available and medically necessary, the dosage, frequency, duration of therapy, and site of care should be reasonable, clinically appropriate, and supported by evidence-based literature and adjusted based upon severity, alternative available treatments, and previous response to therapy.

Reauthorization Criteria

Voriconazole (Vfend) is considered medically necessary for continued use when initial criteria are met AND there is documentation of beneficial response.

Authorization Duration

Initial approval duration: up to 6 months

Reauthorization approval duration: up to 6 months

Conditions Not Covered

Voriconazole (Vfend) is considered experimental, investigational or unproven for **ANY** other use.

Background

OVERVIEW
Voriconazole (Vfend, generics), an azole antifungal, is indicated in adults and pediatric patients (≥ 2 years of age) for the treatment of invasive aspergillosis, esophageal candidiasis, and for the treatment of serious fungal infections caused by Scedosporium apiospermum (asexual form of Pseudallescheria boydii) and Fusarium spp., including Fusarium solani in patients intolerant of, or refractory to, other therapy.[1] Voriconazole is also indicated for the treatment of candidemia in non-neutropenic patients and the following Candida infections: disseminated infections in skin and infections in abdomen, kidney, bladder wall, and wounds. The duration of Voriconazole therapy is varied, ranging from a median duration of 15 days for esophageal candidiasis to 76 days for invasive aspergillosis.

Guidelines/Recommendations
The Infectious Diseases Society of America (IDSA) recommends Voriconazole as a treatment option for invasive aspergillosis (2016) and different invasive syndromes of Aspergillus (e.g., invasive pulmonary aspergillosis, invasive sinus aspergillosis, aspergillosis of the central nervous system) and for candidemia and candidiasis (2016).[2,3]

The National Comprehensive Cancer Network (NCCN) Guidelines for Prevention and Treatment of Cancer-Related Infections (version 2.2020 – June 5, 2020) note Voriconazole as an option for the treatment of infections caused by Fusarium and Scedosporium species.[4]

Other Uses with Supportive Evidence
The IDSA guidelines for aspergillosis (2016) recommend Voriconazole for prophylaxis of invasive aspergillosis. The IDSA guidelines for management of candidiasis (2016) note Voriconazole as a treatment option for the following infections: Candida intravascular infections, including endocarditis and infections of implantable cardiac devices; fluconazole-refractory oropharyngeal candidiasis; Candida endophthalmitis.[3] The IDSA guidelines for the management of blastomycosis (2008) note Voriconazole as an option for the treatment of central nervous system blastomycosis.[5]

The NCCN Guidelines for Prevention and Treatment of Cancer-Related Infections (version 2.2020 – June 5, 2020) note Voriconazole as an option for prophylactic use against fungal infections in patients at risk of neutropenia (e.g., patients with cancer; patients with graft-versus-host disease [GVHD]; hematopoietic cell transplant [HCT] recipients).[4] Antifungal prophylaxis should be continued until resolution of neutropenia or GVHD; in one study involving HCT recipients, Voriconazole was used for up to 6 months.

The guidelines for prevention and treatment of opportunistic infections in adults and adolescents with human immunodeficiency virus (HIV) infections (last updated May 2020) recommend Voriconazole for the prophylaxis/treatment of various fungal infections in patients with HIV (e.g., histoplasmosis, coccidioidomycosis, and talaromycosis).[6]

References

1. Vfend® tablet and oral suspension [prescribing information]. New York, NY: Roerig/Pfizer; January 2019.
2. Patterson TF, Thompson GR, Denning DW, et al. Practice guidelines for the diagnosis and management of aspergillosis: 2016 update by the Infectious Diseases Society of America. *Clin Infect Dis.* 2016;63(4):e1-e60.
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. The NCCN Prevention and Treatment of Cancer-Related Infections Clinical Practice Guidelines in Oncology (version 1.2023 – June 28, 2023). ©2023 National Comprehensive Cancer Network. Available at: http://www.nccn.org. Accessed on July 19, 2023.
5. Tortorano AM, Richardson M, Roilides E, et al. European Society for Clinicla Microbiology and Infectious Diseases (ESCMID) and European Confderation of Medical Mycology (ECMM) joint guidelines on diagnosis and managementof hyalohyphomycosis: Fusarium spp., Scedosporium spp. and others. *Clin Microb Infect*. 2014;20(Suppl 3): 37-46.
6. Chapman SW, Dismukes WE, Proia LA, et al. Clinical practice guidelines for the management of blastomycosis: 2008 update by the Infectious Diseases Society of America. *Clin Infect Dis*. 2008;46:1801-1812.
7. Panel on Opportunistic Infections in HIV-Infected Adults and Adolescents. Guidelines for the prevention and treatment of opportunistic infections in HIV-infected adults and adolescents: recommendations from the Centers for Disease Control and Prevention, the National Institutes of Health, and the HIV Medicine Association of the Infectious Diseases Society of America.