KETOCONAZOLE

BlueCross. BlueShield. Federal Employee Program.

Pre - PA Allowance

None

Prior-Approval Requirements

Age

2 years of age or older

Diagnoses

Patient must have ONE of the following:

- 1. Metastatic castration resistant (also known as hormone refractory) prostate cancer
- 2. Laboratory and clinical documentation of **ONE** of the infections:
 - a. Blastomyces dermatitidis
 - b. Coccidioides immitis
 - c. Histoplasma capsulatum
 - d. Paracoccidioides brasiliensis

AND ALL of the following:

- 1. Prior alternative antifungal therapies were not effective or tolerated
- 2. Absence of acute or chronic liver disease
- 3. Baseline liver function tests be done before start of treatment
- 4. During the course of treatment, serum ALT should be monitored weekly for the duration of treatment.
 - a. Treatment will be interrupted if ALT levels increase to a level above the upper limit of normal or 30 percent above baseline, or if the patient develops symptoms

Prior - Approval Limits

Quantity540 tablets per 90 days for prostate cancer180 tablets per 90 days for infection

Duration 6 months

Prior – Approval Renewal Requirements

Age 2 years of age or older

Diagnoses



Federal Employee Program.

BlueCross. BlueShield

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AND ALL of the following:

- 1. Absence of acute or chronic liver disease
- 2. During the course of treatment, serum ALT should be monitored weekly for the duration of treatment.
 - Treatment will be interrupted if ALT levels increase to a level above the upper limit of normal or 30 percent above baseline, or if the patient develops symptoms

Prior – Approval Renewal Limits

Same as above