

Pre - PA Allowance

Quantity

Drug	Quantity
Vfend IV injectable	None
Vfend tablets (50 mg and 200 mg tablets)	60 tablets per 365 days OR
Vfend oral suspension	225 mL per 365 days

Prior-Approval Requirements

Age 2 years of age or older

Diagnoses

Patient must have **ONE** of the following:

1. Invasive aspergillosis
2. Candidemia
3. Disseminated candidiasis (in skin, abdomen, kidney, bladder wall, and/or wounds)
4. Esophageal candidiasis
5. Serious infections caused by *Scedosporium apiospermum* and *Fusarium* species
6. Fungal prophylaxis in neutropenic cancer patients

AND ALL of the following:

- a. Agreement to monitor LFTs including transaminases and bilirubin
- b. **NOT** for topical use
- c. **NOT** for inhalation

Prior - Approval Limits

Duration 3 months

Prior – Approval *Renewal* Requirements

Same as above

Prior - Approval *Renewal* Limits

Same as above