

<b>PA Description</b>	<b>Voriconazole (Vfend)</b>
<b>Managed by</b>	Managed Care Organizations (MCOs) contracted by the Puerto Rico Health Insurance Administration (known in Spanish as <i>Administración de Seguros de Salud</i> or ASES) to provide pharmacy services to the insured of the Government Health Plan.
<b>Covered Uses</b>	For the treatment of adults and pediatric patients 2 years and older with: a) Invasive aspergillosis (ICD-10-CM B44.0, B44.7) b) Candidemia in nonneutropenic (ICD-10-CM B37.7) and other deep tissue <i>Candida</i> infections c) Esophageal candidiasis ( <i>see item D</i> ) (ICD-10-CM B37.81) d) Serious fungal infections caused by (ICD-10-CM B49)- <i>Scedosporium apiospermum</i> and <i>Fusarium</i> species including <i>Fusarium solani</i> , in patients intolerant of, or refractory to, other therapy.
<b>Exclusion Criteria</b>	None
<b>Required Medical Information</b>	a) For Esophageal candidiasis: physician must document resistance to fluconazole or previous use of azoles.
<b>Age Restriction</b>	a) For patients 2 years of age or older
<b>Prescriber Restriction</b>	a) Infectious Disease Specialist b) Hematologist/Oncologist c) Organ Transplant Specialist
<b>Coverage Duration</b>	a) Twelve (12) weeks
<b>Other Criteria</b>	a) Prescriptions will be approved for outpatient treatment only.