Premier Health Plan

POLICY AND PROCEDURE

POLICY TITLE: **Ancobon (flucytosine)**
DEPARTMENT: **Clinical Pharmacy Services- Utilization Management**
ORIGINAL DATE: ***May 2018***

Last P & T Committee Approval Date: *May 2018*

Product Applicability: *mark all applicable products below:*

COMMERCIAL	[ ] HMO [ ] PPO *Products*: [ ] Small [ ] Indiv. [ ] Large *Exchange*: [ ] Shop [ ] Indiv. [x] All
OTHER	[x] Self-funded/ASO

PURPOSE

The purpose of this policy is to define the prior authorization process for Ancobon (flucytosine).

POLICY

It is the policy of the Health Plan to maintain a prior authorization process that promotes appropriate utilization of specific drugs with potential for misuse or limited indications. This process involves a review using Food and Drug Administration (FDA) criteria to make a determination of Medical Necessity, as defined in CRM.015-Medical Necessity, and approval by the Pharmacy & Therapeutics Committee of the criteria for prior authorization, as described in RX.003-Prior Authorization Process.

The drug, Ancobon (flucytosine), is subject to the prior authorization process.

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PROCEDURE

Authorization Criteria:

- Must be used for a FDA-approved indication or an indication supported by the compendia of current literature (e.g. AHFS, Micromedex, IDSA guidelines)
- Prescribed quantity must fall within the manufacturer's dosing guidelines found in the compendia of current literature
- Must have documentation of previous trial and failure, contraindication, or intolerance to at least two preferred formulary alternatives for the given diagnosis (or one preferred product if only one preferred product is available for the given diagnosis)
    - Alternative agent(s) should be determined based on IDSA recommendation of other first line agents for the given diagnosis.

Limitations:

Length of Authorization (if above criteria met)	
Authorization Duration	Up to 1 month

If the established criteria are not met, the request is referred to a Medical Director for review.

REFERENCES

1. 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.* 2015 Dec 16; 62(4):e1-e50.
2. Perfect JR, Dismukes WE, Dromer F, et al. Clinical practice guidelines for the management of cryptococcal disease: 2010 update by the infectious diseases society of America. *Clin Infect Dis.* 2010 Feb 1; 50(3):291-322.

RECORD RETENTION

Records Retention for Evolent Health documents, regardless of medium, are provided within the Evolent Health records retention policy and as indicated in CORP.028.E Records Retention Policy and Procedure.

REVIEW HISTORY

DESCRIPTION OF REVIEW / REVISION	DATE APPROVED
New Policy	*5/18*