



AETNA BETTER HEALTH®
Coverage Policy/Guideline

Name: Griseofulvin

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Effective Date: 5/9/2023

Last Review Date: 3/2023

Applies to:	<input type="checkbox"/> Illinois	<input type="checkbox"/> Florida	<input checked="" type="checkbox"/> Florida Kids
	<input checked="" type="checkbox"/> New Jersey	<input checked="" type="checkbox"/> Maryland	<input type="checkbox"/> Michigan
	<input checked="" type="checkbox"/> Pennsylvania Kids	<input type="checkbox"/> Virginia	<input type="checkbox"/> Texas

Intent:

The intent of this policy/guideline is to provide information to the prescribing practitioner outlining the coverage criteria for griseofulvin under the patient's prescription drug benefit.

Description:

This program applies to the oral antifungal products specified in this policy. Coverage for targeted products is provided based on clinical circumstances that would exclude the use of the preferred product and may be based on previous use of a product. The coverage review process will ascertain situations where a clinical exception can be made. This program applies to all members requesting treatment with a targeted product.

Each referral is reviewed based on all utilization management (UM) programs implemented for the client.

Applicable Drug List:

Preferred:

- Fluconazole tablets, suspension
- Terbinafine tablets

Targeted:

- Griseofulvin

Policy/Guideline:

Coverage for the targeted product is provided when any of the following criteria are met:

A. Member has a diagnosis of tinea capitus or tinea barbae.

OR

B. Member has a documented inadequate response, intolerable adverse event, or contraindication with any of the preferred products.

Approval Duration and Quantity Restrictions:

Approval: 6 months

References:

1. Griseofulvin oral suspension microsize [package insert]. Congers, NY: Chartwell RX, LLC; December 2022.
2. Griseofulvin tablets microsize [package insert]. Congers, NY: Chartwell RX, LLC; December 2022.
3. Ultramicrosized griseofulvin tablets [package insert]. Princeton, NJ: Sandoz Inc; May 2018.
4. Diflucan (fluconazole) [package insert]. NY, NY: Pfizer; June 2022.



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5. Terbinafine tablets [package insert]. Berlin, CT: Breckenridge Pharmaceutical, Inc; April 2021.
6. Micromedex (electronic version). IBM Watson Health, Greenwood Village, Colorado, USA. Available at: <https://www.micromedexsolutions.com>. Accessed February 2023.
7. Ringworm Information for Healthcare Professionals. Available at <https://www.cdc.gov/fungal/diseases/ringworm/health-professionals.html>. Accessed February 2023.
8. Goldstein AO, Goldstein BG. Dermatophyte (tinea) infections. Waltham, MA. UpToDate. Last Modified November 2022. Available at <https://www.uptodate.com/contents/dermatophyte-tinea-infections>. Accessed February 2023.