

Approved Indications:

Invasive Aspergillosis:

- a. The “Invasive Aspergillosis” diagnosis must be checked.
- b. **Initial treatment** will be approved for **1 month** in patients suspected of having a life-threatening invasive Aspergillus infection that meet the following criteria:
 - Have a diagnosis indicating they are immunocompromised or are currently receiving immunosuppressive drugs; **AND**
 - Patient has clinical manifestations (symptoms, signs, and radiological features) compatible with the diagnosis of invasive aspergillosis. (**Supporting documentation must accompany request.**)
- c. The **remaining 60 days of therapy** may be granted upon receipt of a positive **Platelia Aspergillus EIA test** (detects circulating galactomannam antigen), biopsy or culture. A copy of the original lab results is required.
- d. New test results must accompany request for continuation of therapy after initial 90 days of therapy.

Treatment Failures:

Patient must have documented treatment failure with one or more of the following (except in the case of invasive aspergillosis):

- Amphotericin B (Abelcet®, Fungizone®)
- Flucanazole (Diflucan®)
- Ketoconazole (Nizoral®)

Indication	PDL Alternatives (Current December 2007)
Invasive Aspergillosis	Abelcet, amphotericin B, Fungizone
Candidemia in non-neutropenic patients	Abelcet, amphotericin B, fluconazole, Fungizone
Candidiasis of the Esophagus	Abelcet, amphotericin B, fluconazole, Fungizone, ketoconazole
Disseminated candidiasis of the skin, and infections in the bladder wall, abdomen, kidney, and wounds	Abelcet, amphotericin B, fluconazole, Fungizone
<i>Scedosporium apiospermum</i> and <i>Fusarium</i> species including <i>Fusarium solani</i>	Abelcet, amphotericin B, Fungizone