



Office of Pharmacy Service Prior Authorization Criteria

Ketoconazole

Prior authorization requests for ketoconazole will be approved if the following criteria are met:

1. Diagnosis of one of the following fungal infections: blastomycosis, coccidioidomycosis, histoplasmosis, chromomycosis, or paracoccidioidomycosis
2. No history of acute or chronic liver disease
3. Baseline assessment of the liver status including alanine aminotransferase (ALT), aspartate aminotransferase (AST), total bilirubin, alkaline phosphatase, prothrombin time, and international normalized ration (INR) before starting treatment
4. Weekly monitoring of serum ALT for the duration of treatment (If ALT values increase to a level above the upper limit of normal or 30% above baseline, or if the patient develops symptoms of abnormal liver function, treatment should be interrupted and a full set of liver tests be obtained. Liver tests should be repeated to ensure normalization of values.)
5. Assessment of all concomitant medications for potential adverse drug interactions with ketoconazole

US Food and Drug Administration
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