Pharmacy Drug Policy Checklist

POLICY NAME	Impavido (miltefosine)	POLICY #	2550P

Criteria

Exclusion Criteria – Any of the following prevents coverage

- ☐ **2.1** Pregnancy

- ☐ **2.2** Sjogren-Larsson Syndrome

Coverage Criteria

- ☐ **1.1** Diagnosis of one of the following
    - Visceral leishmaniasis due to Leishmania donovani
    - Cutaneous leishmaniasis due to Leishmania braziliensis, Leishmania guyanensis, or Leishmania panamensis
    - Mucosal leishmaniasis due to Leishmania braziliensis

- ☐ **1.2** Prescribed by or in consultation with an Infectious Disease Specialist

- ☐ **1.3** Age 12 years or older weighing at least 30kg

- ☐ **1.4** Documented failure, intolerance, or contraindication to Amphotericin B