



Montana Healthcare Programs  
Drug Prior Authorization Coverage Criteria

Ketoconazole Oral

**Review Criteria**

Member must meet all the following criteria:

- Member must have a diagnosis of life-threatening or endemic mycoses and no alternative is available or tolerated.
- Member must not have acute or chronic liver disease. Baseline liver function test (LFT) is required and monitoring of alanine transaminase (ALT) levels weekly is recommended.
- Review will be done on all concomitant medications for potential drug interactions.
- Prior authorization will be granted for 2 months and will require update with progress and LFT at the time of update.