This Coverage Policy applies to Individual Health Insurance Marketplace benefit plans only.

**Itraconazole** (capsules)

**Sporanox®** (oral solution)

**COVERAGE POLICY**

**Itraconazole Capsules** are covered for members who meet the following criteria:

A. Invasive fungal infections in patients who are immunocompromised, such as histoplasmosis, aspergillosis, and blastomycosis.

B. Treatment of superficial mycoses
   a. tinea barbae, tinea capitis, tinea favosa requires a step through terbinafine
   b. tinea corporis, tinea cruris, tinea faciei, tinea manuum, tinea pedis requires step through a topical antifungal and terbinafine
   c. tinea versicolor requires a step through selenium sulfide and a topical antifungal
   d. Majocchi granuloma is covered without prior treatment

C. Onychomycosis in immunocompromised; diabetic patients or patients with peripheral vascular disease and either a positive onychomycosis susceptible pathogen culture or a positive PAS stain performed by a laboratory and documented trial/failure of terbinafine (generic Lamisil).

D. Onychomycosis with documented disabling pain or impairment and a positive onychomycosis susceptible pathogen culture and documented step through terbinafine.

**Sporanox Oral Solution** is covered for members who meet the following criteria:

A. Empiric therapy of febrile neutropenic (ETFN) patients with suspected fungal infections.

B. The treatment of oropharyngeal candidiasis following trial and failure or intolerance to nystatin or clotrimazole troche and fluconazole.

C. The treatment of esophageal candidiasis following trial and failure or intolerance to fluconazole.

**AUTHORIZATION PERIOD AND LIMITATIONS**

**Onychomycosis:** Authorization is limited to 12 weeks (for toenail) and 5 weeks (for fingernail) per year. No retreatment is allowed within 12 months of the initial treatment.

**Invasive fungal infection:** 3 months

**Other fungal infection:** Up to 1 month based on site of infection

**Superficial mycoses:**
- Tinea versicolor- Up to 1 week
- Tinea barbae, tinea capitis, tinea favosa, tinea manuum, tinea pedis- Up to 4 weeks
- Tinea corporis, tinea cruris, tinea faciei- Up to 2 weeks
- Majocchi granuloma- Up to 6 weeks

**PROCUREMENT**

Available through the retail pharmacy network
NON-COVERAGE

Sporanox is **NOT** covered for members with the following criteria:

A. Use not approved by the FDA; and
B. The use is unapproved and not supported by the literature or evidence as an accepted off-label use. (see Off-Label Use Policy for determining ‘accepted use’)
C. Cosmetic use
D. Patients with evidence of ventricular dysfunction such as CHF or a history of CHF.
E. Co-administration with certain drugs metabolized by the cytochrome P-450 3A4 isoenzyme system (CYP3A4), cisapride, oral midazolam, pimozide, quinidine, dofetilide, triazolam, HMG-CoA reductase inhibitors metabolized by CYP3A4, such as lovastatin and simvastatin, and ergot alkaloids metabolized by CYP3A4, such as dihydroergotamine, ergotamine, ergonovine, and methylergonovine

REFERENCES


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