

Itraconazole



Included Products: Sporanox (itraconazole)

Created: 11/21/2008

Revised: 09/08/2016

Reviewed: 03/11/2021

Updated: 09/20/2021

All Diagnoses

Initial Criteria		If yes	If no
1.	Does the member have one of the following diagnoses? a. Blastomycosis, or b. Histoplasmosis, or c. Aspergillosis.	Approve for requested course up to 12 months.	Continue to #2.
2.	Does the member have a diagnosis of onychomycosis?	Continue to #3.	Continue to #5.
3.	Does the member meet both of the following criteria? a. Member is immunocompromised (drug-induced, HIV, etc) or has diabetes, and b. Member has a history of cellulitis or severe infection or severe functional impairment secondary to onychomycosis.	Continue to #4.	Do not approve.
4.	Has the member tried and failed or have contraindications to terbinafine?	Approve for 3 months.	Do not approve.
5.	Does the member have a diagnosis of candidiasis of the mouth and esophagus?	Continue to #6.	Continue to #8.
6.	Is the member immunocompromised?	Continue to #7.	Do not approve.
7.	Has the member failed or have contraindications to fluconazole?	Approve oral solution for 2 weeks.	Do not approve.
8.	Does the member have a diagnosis of febrile neutropenia?	Approve for 1 month.	Do not approve.