



Federal Employee Program.

ITRACONAZOLE SPORANOX, TOLSURA*

*Prior authorization for the brand formulation applies only to formulary exceptions due to being a non-covered medication.

Pre - PA Allowance

None

Prior-Approval Requirements

Age 18 years of age or older

Diagnoses

Patient must have **ONE** of the following:

Sporanox oral solution ONLY

1. Candidiasis
 - a. Must be unresponsive or refractory to fluconazole
 - b. Includes oropharyngeal and esophageal candidiasis

Sporanox capsules ONLY

1. Onychomycosis
 - a. Not immunocompromised
 - b. Not have evidence of ventricular dysfunction, such as congestive heart failure or a history of CHF

Sporanox capsules and Tolsura capsules

1. Aspergillosis – invasive or saprophytic
 - a. Must be refractory or intolerant to amphotericin B
2. Aspergillosis – allergic bronchopulmonary
3. Blastomycosis
4. Coccidioidomycosis
5. Histoplasmosis
6. Sporotrichosis

AND ALL of the following for **ALL** diagnoses:

- a. Prescriber agrees to monitor for QTc prolongation

Prior - Approval Limits

Duration 6 months for a diagnosis of Onychomycosis or Candidiasis
1 year for all other diagnoses



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Prior – Approval *Renewal* Requirements

Same as above

Prior - Approval *Renewal* Limits

Same as above