

## TOLSURA (itraconazole, oral)

<b>Diagnosis Considered for Coverage:</b>
<ul style="list-style-type: none"><li>Treatment of aspergillosis, blastomycosis, and histoplasmosis</li></ul>
<b>Coverage Criteria:</b>
<b>For diagnosis listed above:</b> <ul style="list-style-type: none"><li>Culture positive evidence of aspergillosis, blastomycosis, or histoplasmosis, <b>and</b></li><li>Medical rationale why patient is unable to use generic itraconazole (Sporanox), <b>and</b></li><li>Dose does not exceed FDA label maximum.</li></ul>
<b>Coverage Duration:</b> Length of treatment






Effective: 3/01/2019

Posted: 3/15/2019