**SPORANOX ORAL SOLUTION (itraconazole)**

**Plan Limitations:**
- Does not apply to the following Blue Shield of California Medicare Part D plans:
  - Blue Shield Medicare Basic Plan (PDP)

**Diagnoses Considered for Coverage:**
- All FDA-approved indications not otherwise excluded from Part D
- Sporotrichosis (cutaneous, lymphonodular, osteoarticular, pulmonary, disseminated, meningeal)
- Tinea corporis, cruris, pedis, manuum, capitis, versicolor
- Febrile neutropenia

**Coverage Criteria:**

1) **For all diagnoses considered for coverage:**
- Patient is unable to swallow tablet or capsule formulation, AND
- Dose does not exceed the FDA label maximum for the diagnosis, AND
- One of the following:
  - Diagnosis of systemic fungal infection with Blastomycosis, Histoplasmosis, Sporotrichosis, or Aspergillosis, OR
  - Diagnosis is prophylaxis of Aspergillosis in an immunosuppressed or immunocompromised patient, OR
  - Diagnosis of Tinea Capitae fungal infection AND treatment failure, intolerance, or contraindication with oral terbinafine, OR
  - Diagnosis of Tinea Corporis, Cruris, Pedis, or Manuum fungal infection AND treatment failure, intolerance, or contraindication with a topical antifungal oral terbinafine or oral Diflucan, OR
  - Diagnosis of Tinea Versicolor fungal infection AND treatment failure, intolerance, or contraindication with topical ketoconazole or oral Diflucan, OR
  - Diagnosis of Onychomycosis fungal infection AND treatment failure, intolerance, or contraindication with oral terbinafine, OR
  - Diagnosis of ABPA AND itraconazole is being used to taper oral corticosteroids, OR
  - Diagnosis of prophylaxis of candidiasis, cryptococcosis, or coccidioidomycosis in an immunosuppressed or immunocompromised patient with treatment failure, intolerance, or contraindication to fluconazole.

**Coverage Duration:**
- Tinea Versicolor: one week
- Tinea Capitae: one month
- Onychomycosis: three months
- Tinea Corporis, Cruris, Pedis, or Manuum: two weeks
- ABPA: four months
- All other diagnoses: annual

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