**Original Effective Date: 05/01/2013**
**Current Effective Date: 03/18/2023**
**Last P&T Approval/Version: 01/25/2023**
**Next Review Due By: 01/2024**
**Policy Number: C4734-A**

# Itraconazole (Sporanox, Tolsura)

## PRODUCTS AFFECTED

itraconazole, Sporanox (itraconazole), Tolsura (itraconazole)

## COVERAGE POLICY

*Coverage for services, procedures, medical devices and drugs are dependent upon benefit eligibility as outlined in the member's specific benefit plan. This Coverage Guideline must be read in its entirety to determine coverage eligibility, if any.*
*This Coverage Guideline provides information related to coverage determinations only and does not imply that a service or treatment is clinically appropriate or inappropriate. The provider and the member are responsible for all decisions regarding the appropriateness of care. Providers should provide Molina Healthcare complete medical rationale when requesting any exceptions to these guidelines.*

***Documentation Requirements:***
*Molina Healthcare reserves the right to require that additional documentation be made available as part of its coverage determination; quality improvement; and fraud; waste and abuse prevention processes. Documentation required may include, but is not limited to, patient records, test results and credentials of the provider ordering or performing a drug or service. Molina Healthcare may deny reimbursement or take additional appropriate action if the documentation provided does not support the initial determination that the drugs or services were medically necessary, not investigational, or experimental, and otherwise within the scope of benefits afforded to the member, and/or the documentation demonstrates a pattern of billing or other practice that is inappropriate or excessive.*

**DIAGNOSIS:**
Blastomycosis, pulmonary and extrapulmonary, Histoplasmosis, including chronic cavitary pulmonary disease and disseminated, nonmeningeal histoplasmosis, Aspergillosis, pulmonary and extrapulmonary, inpatients who are intolerant of or who are refractory to amphotericin B therapy, Onychomycosis of the toenail, with or without fingernail involvement, due to dermatophytes (tinea unguium), Onychomycosis of the fingernail due to dermatophytes (tinea unguium), Candidiasis, vulvovaginal in patients with HIV; Coccidioidomycosis; Paracoccidioidomycosis; Prophylaxis against invasive fungal infections; Sporotrichosis; Talaromycosis (formerly penicilliosis); Tinea infections

**REQUIRED MEDICAL INFORMATION:**
This clinical policy is consistent with standards of medical practice current at the time that this clinical policy was approved. If a drug within this policy receives an updated FDA label within the last 180 days, medical necessity for the member will be reviewed using the updated FDA label information along with state and federal requirements, benefit being administered and formulary preferencing. Coverage will be determined on a case-by case basis until the criteria can be updated through Molina Healthcare, Inc. clinical governance. Additional information may be required on a case-by-case basis to allow for adequate review.

A. ONYCHOMYCOSIS TINEA (ITRACONAZOLE, SPORANOX ONLY):
   1. Documented diagnosis of onychomycosis due to tinea that has been confirmed by a fungal diagnostic test.
      AND
   2. Documentation of trial/failure or contraindication to terbinafine
      AND
   3. FOR PEDIATRIC REQUESTS: Documentation of member's current weight (within the last 30 days)
      AND
   4. FOR SPORANOX REQUESTS ONLY: Documented trial/failure to itraconazole

B. PITYRIASIS VERSICOLOR OR TINEA VERSICOLOR (ITRACONAZOLE, SPORANOX ONLY):
   1. Documented diagnosis of Pityriasis versicolor or Tinea versicolor
      AND
   2. Documentation of trial/failure or contraindication to fluconazole
      AND
   3. FOR SPORANOX REQUESTS ONLY: Documented trial/failure to itraconazole

C. ALL OTHER INDICATIONS:
   1. Documentation member has an infection caused by or strongly suspected to be caused by a type of pathogen and site of infection within the FDA label or compendia supported uses
      OR
   2. (a) Documentation member has infection caused by or strongly suspected to be caused by Tinea corporis, Tinea cruris, Tinea manuum, Tinea pedis.
      AND
      (b) Documentation member experienced an inadequate treatment response, adverse event, intolerance, or contraindication to Lamisil (terbinafine) tablets
      AND
   3. FOR PEDIATRIC REQUESTS: Documentation of member's current weight (within the last 30 days)
      AND
   4. FOR SPORANOX REQUESTS ONLY: Documented trial/failure to itraconazole

**CONTINUATION OF THERAPY:**
N/A

**DURATION OF APPROVAL:**
Initial authorization: up to 3 months or length of therapy per indication, Continuation of therapy: N/A

**PRESCRIBER REQUIREMENTS:**
None

**AGE RESTRICTIONS:**
Tolsura: 18 years of age and older
Sporanox, itraconazole: Age must be supported by FDA label or compendia supported age maximums or minimums for prescribed indication

**QUANTITY:**
Dosage, frequency, and total treatment duration must be supported by FDA label or compendia supported dosing for prescribed indication

**PLACE OF ADMINISTRATION:**
The recommendation is that oral medications in this policy will be for pharmacy benefit coverage and patient self-administered.

## DRUG INFORMATION

**ROUTE OF ADMINISTRATION:**
Oral

**DRUG CLASS:**
Triazoles

**FDA-APPROVED USES:**
TOLSURA is indicated for the treatment of the following fungal infections in immunocompromised and non-immunocompromised adult patients:

- Blastomycosis, pulmonary and extrapulmonary
- Histoplasmosis, including chronic cavitary pulmonary disease and disseminated, non-meningeal histoplasmosis, and
- Aspergillosis, pulmonary and extrapulmonary, in patients who are intolerant of or who are refractory to amphotericin B therapy
  *Limitations of Use: TOLSURA is not indicated for the treatment of onychomycosis. TOLSURA is NOT interchangeable or substitutable with other itraconazole products*

SPORANOX® (itraconazole) capsules are indicated for the treatment of the following fungal infections in immunocompromised and non-immunocompromised patients:

- Blastomycosis, pulmonary and extrapulmonary
- Histoplasmosis, including chronic cavitary pulmonary disease and disseminated, nonmeningeal histoplasmosis,
- Aspergillosis, pulmonary and extrapulmonary, in patients who are intolerant of or who are refractory to amphotericin B therapy.
  AND indicated for the treatment of the following fungal infections in non-immunocompromised patients:
- Onychomycosis of the toenail, with or without fingernail involvement, due to dermatophytes (tinea unguium),
- Onychomycosis of the fingernail due to dermatophytes (tinea unguium).

*Prior to initiating treatment, appropriate nail specimens for laboratory testing (KOH preparation, fungal culture, or nail biopsy) should be obtained to confirm the diagnosis of onychomycosis.*

**COMPENDIAL APPROVED OFF-LABELED USES:**
Candidiasis, vulvovaginal in patients with HIV; Coccidioidomycosis; Cryptococcosis prophylaxis for meningitis caused by Cryptococcus sp. in HIV, Paracoccidioidomycosis; Prophylaxis against invasive fungal infections; Sporotrichosis; Talaromycosis (formerly penicilliosis); Tinea infections

## APPENDIX

**APPENDIX:**
None

## BACKGROUND AND OTHER CONSIDERATIONS

**BACKGROUND:**
None

**CONTRAINDICATIONS/EXCLUSIONS/DISCONTINUATION:**
All other uses of itraconazole are considered experimental/investigational and therefore, will follow Molina's Off- Label policy. Contraindications to itraconazole include: Hypersensitivity to itraconazole or any component of the formulation; concurrent administration with CYP3A4 substrates (i.e., avanafil, cisapride, disopyramide, dofetilide, dronedarone, eplerenone, ergot derivatives, felodipine, irinotecan, isavuconazole, ivabradine, lomitapide, lovastatin, lurasidone, methadone, midazolam (oral), naloxegol, nisoldipine, pimozide, quinidine, ranolazine, simvastatin, ticagrelor, or triazolam); concurrent administration with colchicine, fesoterodine, or solifenacin in patients with varying degrees of renal or hepatic impairment; coadministration with eliglustat in patients who are poor or intermediate metabolizers of CYP2D6 and in patients taking strong or moderate CYP2D6 inhibitors; coadministration with venetoclax in patients with CLL/SLL during the dose initiation and ramp-up phase of venetoclax due to the potential for an increased risk of tumor lysis syndrome; treatment of onychomycosis (or other non-life- threatening indications) in patients with evidence of ventricular dysfunction, such as congestive heart failure (CHF) or a history of CHF; treatment of onychomycosis in women who are pregnant or contemplating pregnancy.

**OTHER SPECIAL CONSIDERATIONS:**
Itraconazole has a black box warning for congestive heart failure, cardiac effects, and drug interactions.

## CODING/BILLING INFORMATION

*Note: 1) This list of codes may not be all-inclusive. 2) Deleted codes and codes which are not effective at the time the service is rendered may not be eligible for reimbursement*

| HCPCS CODE | DESCRIPTION |
|---|---|
| NA | |

**AVAILABLE DOSAGE FORMS**:
Itraconazole CAPS 100MG
Itraconazole SOLN 10MG/ML
Sporanox CAPS 100MG
Sporanox Pulsepak CAPS 100MG
Sporanox SOLN 10MG/ML
Tolsura CAPS 65MG

## REFERENCES


1. Sporanox (itraconazole) capsules [prescribing information]. Titusville, NJ: Janssen Pharmaceuticals, Inc; December 2022.
2. Tolsura (itraconazole) capsules [prescribing information]. Greenville, NC: Mayne Pharma; April 2022.
3. Walsh T, Anaissie E, Denning D, et al. Treatment of Aspergillosis: Clinical Practice Guidelines of the Infectious Diseases Society of America. Clinical Infectious Diseases.2008;46:327–60.
4. Wheat L, Freifeld A, Kleiman M, et al. Clinical Practice Guidelines for the Management of Patients with Histoplasmosis: 2007 Update by the Infectious Diseases Society of America. Clinical Infectious Diseases.2007;45:807–25.
5. Chapman S, Dismukes W, Proia L, et al. Clinical Practice Guidelines for the Management of Blastomycosis: 2008 Update by the Infectious Diseases Society of America. Clinical Infectious Diseases.2008;46:1801–12.
6. Perfect J, Dismukes W, Dromer F, et al. Clinical Practice Guidelines for the Management of Cryptococcal Disease: 2010 Update by the Infectious Diseases Society of America. Clinical

infectious diseases: an official publication of the Infectious Diseases Society of America, 50(3), 291–322. https://doi.org/10.1086/649858
7. Ameen, M., Lear, J., Madan, V., Mohd Mustapa, M., Richardson, M., Hughes, J., . . . Exton, L. (2014). British Association of Dermatologists' Guidelines for the management of onychomycosis 2014. British Journal of Dermatology, 171(5), 937-958. doi:10.1111/bjd.13358
8. Patterson, T. F., Thompson, G. R., Denning, D. W., Fishman, J. A., Hadley, S., Herbrecht, R., . . . Bennett, J. E. (2016). Practice guidelines for the diagnosis and management of Aspergillosis: 2016 update by the Infectious Diseases Society of America. Clinical Infectious Diseases, 63(4). doi:10.1093/cid/ciw326

| SUMMARY OF REVIEW/REVISIONS | DATE |
|---|---|
| REVISION- Notable revisions:<br>Required Medical Information<br>Duration of Approval<br>Age Restrictions<br>Compendial Approved Off-Labeled Uses<br>Contraindications/Exclusions/Discontinuation<br>Other Special Considerations<br>Available Dosage Forms<br>References | Q1 2023 |
| Q2 2022 Established tracking in new format | Historical changes on file |
| | |