



Drug Name: Itraconazole capsule

Date: 9-2017

Drug Name:	Itraconazole capsule
Prescriber Restrictions:	
Age Restrictions:	
Exclusion Criteria:	
Required Medical Information:	<ul style="list-style-type: none"> • Patient is being treated for any of the conditions listed below and has failed a recent trial with an adequate dose and duration of therapy with terbinafine due to inadequate response and/or intolerance: <ul style="list-style-type: none"> ○ Onychomycosis which has been confirmed by KOH preparation, nail biopsy or fungal culture (lab results required) or ○ Recurring ingrown toenails secondary to onychomycosis requiring surgical repair/removal or ○ A history of cellulitis or soft tissue involvement secondary to onychomycosis or ○ Onychomycosis with a history of DM or other condition predisposing them to soft tissue infections in the extremities or ○ Onychomycosis with a history of an impaired immune system (e.g. HIV) <p>OR</p> <ul style="list-style-type: none"> • Patient has refractory superficial dermatophyte infection and has failed a recent trial with an adequate dose and duration of therapy with terbinafine due to inadequate response and/or intolerance or • Patient is being treated for systemic fungal infection or • Patient is being treated for oral candidiasis with a history of being immunocompromised and has failed a recent trial with fluconazole due to inadequate response and/or intolerance
Coverage duration:	As requested