



Drug Name: Itraconazole capsule

Effective Date: unknown

Last Revision Date: unknown

Date: 09-2017

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); <i>or</i> ○ Recurring ingrown toenails secondary to onychomycosis requiring surgical repair/removal; <i>or</i> ○ A history of cellulitis or soft tissue involvement secondary to onychomycosis; <i>or</i> ○ Onychomycosis with a history of DM or other condition predisposing them to soft tissue infections in the extremities; <i>or</i> ○ Onychomycosis with a history of an impaired immune system (e.g. HIV); OR • 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