PRIOR AUTHORIZATION CRITERIA

BRAND NAME*
(generic)

SPORANOX ORAL CAPSULES
(itraconazole)

Status: CVS Caremark Criteria ***REG***
Type: Initial Prior Authorization ***Ref # 2825-A***

** Drugs that are listed in the target drug box include both brand and generic and all dosage forms and strengths unless otherwise stated. OTC products are not included unless otherwise stated.*

FDA-APPROVED INDICATIONS

Sporanox (itraconazole) Capsules are indicated for the treatment of the following fungal infections in immunocompromised and non-immunocompromised patients:
1. Blastomycosis, pulmonary and extrapulmonary
2. Histoplasmosis, including chronic cavitary pulmonary disease and disseminated, non-meningeal histoplasmosis, and
3. Aspergillosis, pulmonary and extrapulmonary, in patients who are intolerant of or who are refractory to amphotericin B therapy.

Specimens for fungal cultures and other relevant laboratory studies (wet mount, histopathology, serology) should be obtained before therapy to isolate and identify causative organisms. Therapy may be instituted before the results of the cultures and other laboratory studies are known; however, once these results become available, antiinfective therapy should be adjusted accordingly.

Sporanox Capsules are also indicated for the treatment of the following fungal infections in non-immunocompromised patients:
1. Onychomycosis of the toenail, with or without fingernail involvement, due to dermatophytes (tinea unguium), and
2. 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 Uses
Coccidioidomycosis[2,3]
Coccidioidomycosis prophylaxis in HIV infection[2,3]
Cryptococcosis[2,3]
Histoplasmosis prophylaxis in HIV infection[2,3]
Invasive fungal infection prophylaxis in liver transplant patients[3]
Invasive fungal infection prophylaxis in patients with hematologic malignancies[3]
Invasive fungal infection prophylaxis in patients with chronic granulomatous disease[,3]
Microsporidiosis[2]
Talaromycosis (formerly Penicilliosis)[2]
Pityriasis versicolor/Tinea versicolor[3]
Sporotrichosis[2,3]
Tinea corporis, Tinea cruris, Tinea capitis, Tinea manuum, Tinea pedis[3]

COVERAGE CRITERIA

The requested drug will be covered with prior authorization when the following criteria are met:

- The requested drug is not being used in a footbath

AND

- The patient has one of the following diagnoses: A) Pityriasis versicolor, B) Tinea versicolor, C) Onychomycosis due to dermatophytes (Tinea unguium) confirmed by a fungal diagnostic test (e.g., potassium hydroxide [KOH] preparation, fungal culture, or nail biopsy), D) Tinea corporis, E) Tinea cruris, F) Tinea capitis, G) Tinea manuum, H) Tinea pedis

OR

- The patient has one of the following diagnoses: A) Disseminated histoplasmosis, B) Central nervous system (CNS) histoplasmosis, C) Histoplasmosis prophylaxis in HIV infection, D) Coccidioidomycosis prophylaxis in HIV infection, E) Invasive fungal infection prophylaxis in a patient with chronic granulomatous disease

OR

- The patient has one of the following diagnoses: A) Blastomycosis, B) Histoplasmosis, C) Aspergillosis in a patient intolerant of or refractory to amphotericin B therapy, D) Coccidioidomycosis, E) Cryptococcosis, F) Sporotrichosis, G) Talaromycosis (formerly Penicilliosis), H) Microsporidiosis, I) Invasive fungal infection prophylaxis in a liver transplant patient, J) Invasive fungal infection prophylaxis in a patient with hematologic malignancy

RATIONALE

The intent of the criteria is to provide coverage consistent with product labeling, FDA guidance, standards of medical practice, evidence-based drug information, and/or published guidelines. The criteria do not provide treatment for cosmetic purposes. Sporanox (itraconazole) capsules are indicated for the treatment of 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. Specimens for fungal cultures and other relevant laboratory studies (wet mount, histopathology, serology) should be obtained before therapy to isolate and identify causative organisms. Therapy may be instituted before the results of the cultures and other laboratory studies are known; however, once these results become available, anti-infective therapy should be adjusted accordingly.[1] Acceptable compendia also indicate that itraconazole is appropriate for the treatment of coccidioidomycosis, or coccidioidomycosis prophylaxis in HIV infection, cryptococcosis, histoplasmosis prophylaxis in HIV infection, sporotrichosis, talaromycosis (formerly penicilliosis), microsporidiosis, and invasive fungal infection prophylaxis in liver transplant patients, patients with hematologic malignancies, and in patients with chronic granulomatous disease.[2,3,7,8] Sporanox capsules are also indicated in non-immunocompromised patients for the treatment of onychomycosis of the toenail, with or without fingernail involvement, due to dermatophytes (tinea unguium); and onychomycosis of the fingernail due to dermatophytes (tinea unguium). Prior to initiating treatment, appropriate nail specimens for laboratory testing (potassium hydroxide [KOH] preparation, fungal culture, or nail biopsy) should be obtained to confirm the diagnosis of onychomycosis.[1] Per the compendia, itraconazole is suggested as an alternative therapy for the treatment of pityriasis versicolor, tinea versicolor, tinea corporis, tinea cruris, tinea capitis, tinea manuum or tinea pedis.[2,3]

Itraconazole will be approved for the treatment of onychomycosis due to dermatophytes (tinea unguium) following confirmation with a fungal diagnostic test (e.g., potassium hydroxide [KOH] preparation, fungal culture, or nail biopsy). Itraconazole will be approved for the treatment of patients with either pityriasis versicolor or tinea versicolor. Itraconazole will be approved for the treatment of tinea corporis, tinea cruris, tinea capitis, tinea manuum or tinea pedis. Itraconazole will be approved for the treatment of blastomycosis, histoplasmosis, aspergillosis in a patient intolerant of or refractory to amphotericin B therapy, coccidioidomycosis or coccidioidomycosis prophylaxis in HIV infection, cryptococcosis, histoplasmosis prophylaxis in HIV infection, invasive fungal infection prophylaxis in liver transplant patients, sporotrichosis, talaromycosis (formerly penicilliosis), and microsporidiosis.

The prior authorization criteria do not approve Sporanox (itraconazole) capsules for use in a footbath, as this is not an FDA-approved use.

The AHFS DI compendium states that the usual duration of treatment for disseminated histoplasmosis is at least 12 months. It also states that discontinuance of secondary prophylaxis against coccidioidomycosis can be considered after 12 months in HIV-infected adults and adolescents. Additionally, consideration can be given to discontinuing secondary prophylaxis in HIV-infected adults and adolescents who have negative Histoplasma blood cultures, have serum Histoplasma antigen levels less than 2 ng/mL, have received itraconazole for at least 12 months, have been receiving antiretroviral therapy for at least 6 months, and have CD4+ T-cell counts of 150/mm3 or greater.[2] Micromedex states that the recommended dose of itraconazole for CNS histoplasmosis (meningitis, parenchymal lesions of the brain and/or spinal cord, or both) after initial therapy with liposomal amphotericin B for 4 to 6 weeks, is 200 milligrams orally two or three times daily for at least 1 year and until resolution of cerebrospinal fluid abnormalities, including Histoplasma antigen.[3] Both compendium list disseminated histoplasmosis as an FDA-approved use with a recommendation for therapy to continue for at least 12 months.[2,3] Therefore, the duration of approval for disseminated histoplasmosis, CNS histoplasmosis, coccidioidomycosis prophylaxis in HIV infection and histoplasmosis prophylaxis in HIV infection will be set

at 12 months. Micromedex states prophylaxis with oral itraconazole 200 milligrams twice daily has been effective in preventing opportunistic fungal infections in patients with severe granulocytopenia.[3] Therefore, in order to ensure an adequate period of treatment for prophylaxis of patients with chronic granulomatous disease coverage will be approved for up to 12 months. The recommended treatment course for onychomycosis of the toenails, with or without fingernail involvement, is 200 mg once daily for 12 weeks.[1] The suggested dosing for superficial tinea infections is similar to that of onychomycosis of the toenails, 200 mg once daily, although for a shorter duration.[3] Therefore, coverage for these conditions will be approved for up to 3 months. The recommended and suggested treatments for the remainder of the approvable indications vary depending on the type of infection and patient specific factors. It is noted, however, that treatment in life-threatening situations should be continued for a minimum of 3 months and until clinical parameters and laboratory tests indicate that the active fungal infection has subsided. An inadequate period of treatment may lead to recurrence of active infection.[1] Therefore, the duration of approval for these indications will be set at 6 months.

REFERENCES

1. Sporanox capsule [package insert]. Titusville, NJ: Janssen Pharmaceuticals, Inc.; December 2019.
2. Lexicomp Online, AHFS DI (Adult and Pediatric) Online. Hudson, OH: UpToDate, Inc. 2021. Accessed January 12, 2021.
3. Micromedex (electronic version). IBM Watson Health, Greenwood Village, Colorado, USA. Available at: https://www.micromedexsolutions.com. Accessed January 12, 2021.
4. Patterson TF, Thompson GR, Denning DW, et al. Practice Guidelines for the Diagnosis and Management of Aspergillosis: 2016 Update by the Infectious Diseases Society of America. *Clinical Infectious Diseases*. 2016;63:112–146.
5. 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.
6. 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.
7. 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*. 2010;50:291–322.
8. Panel on Opportunistic Infections in HIV-Infected Adults and Adolescents. Guidelines for the prevention and treatment of opportunistic infections in HIV-infected adults and adolescents: recommendations from the Centers for Disease Control and Prevention, the National Institutes of Health, and the HIV Medicine Association of the Infectious Diseases Society of America. Available at http://aidsinfo.nih.gov/contentfiles/lvguidelines/adult_oi.pdf. Accessed February 2021.

Written by:	UM Development (JK)
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CRITERIA FOR APPROVAL

1	Is the requested drug being used in a footbath? [If yes, then no further questions.]	Yes	No
2	Does the patient have one of the following diagnoses: A) Pityriasis versicolor, B) Tinea versicolor, C) Onychomycosis due to dermatophytes (Tinea unguium) confirmed by a fungal diagnostic test (e.g., potassium hydroxide [KOH] preparation, fungal culture, or nail biopsy), D) Tinea corporis, E) Tinea cruris, F) Tinea capitis, G) Tinea manuum, H) Tinea pedis? [If yes, then no further questions.]	Yes	No

3	Does the patient have one of the following diagnoses: A) Disseminated histoplasmosis, B) Central nervous system (CNS) histoplasmosis, C) Histoplasmosis prophylaxis in HIV infection, D) Coccidioidomycosis prophylaxis in HIV infection, E) Invasive fungal infection prophylaxis in a patient with chronic granulomatous disease? [If yes, then no further questions.]	Yes	No
4	Does the patient have one of the following diagnoses: A) Blastomycosis, B) Histoplasmosis, C) Aspergillosis in a patient intolerant of or refractory to amphotericin B therapy, D) Coccidioidomycosis, E) Cryptococcosis, F) Sporotrichosis, G) Talaromycosis (formerly Penicilliosis), H) Microsporidiosis, I) Invasive fungal infection prophylaxis in a liver transplant patient, J) Invasive fungal infection prophylaxis in a patient with hematologic malignancies?	Yes	No

Mapping Instructions			
	Yes	**No**	**DENIAL REASONS – DO NOT USE FOR MEDICARE PART D**
1.	Deny	Go to 2	Your do not meet the requirements of your plan. Your plan covers this drug when it is not being used in a footbath. Your request has been denied based on the information we have. [Short Description: Use in footbath.]
2.	Approve, 3 months	Go to 3	
3.	Approve, 12 months	Go to 4	
4.	Approve, 6 months	Deny	You do not meet the requirements of your plan. Your plan covers this drug when you have any of these conditions: - You have a fungal infection of the body, groin, scalp, hands, or feet - You have a specific fungal infection of the skin that causes spots - You have a specific nail fungus and it has been tested - You have Blastomycosis, Histoplasmosis, Coccidioidomycosis, Cryptococcosis, Sporotrichosis, Talaromycosis (formerly Penicilliosis) or Microsporidiosis - You have aspergillosis and you have tried amphotericin B and it did not work for you, or you cannot use it - You have HIV and are preventing Histoplasmosis or Coccidioidomycosis - You have had a liver transplant and are preventing a fungal infection - You have chronic granulomatous disease and are preventing a fungal infection - You have a hematologic cancer and are preventing a fungal infection Your request has been denied based on the information we have. [Short Description: No approvable diagnosis]