

PRIOR AUTHORIZATION CRITERIA

BRAND NAME
(generic)

ONMEL
(itraconazole tablets)

Status: CVS Caremark Criteria

Type: Initial Prior Authorization

Policy

FDA-APPROVED INDICATIONS

Onmel is indicated for the treatment of onychomycosis of the toenail due to *Trichophyton rubrum* or *T. mentagrophytes* in non-immunocompromised patients. 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.

COVERAGE CRITERIA

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

- The requested drug is being prescribed for the treatment of onychomycosis of the toenail due to *Trichophyton* that has been confirmed by a fungal diagnostic test

REFERENCES

1. Onmel [package insert]. Greensboro, NC: Merz Pharmaceuticals, LLC; October 2012.
2. AHFS DI (Adult and Pediatric) [database online]. Hudson, OH: Lexi-Comp, Inc.; http://online.lexi.com/lco/action/index/dataset/complete_ashp [available with subscription]. Accessed April 2018.
3. Micromedex Solutions [database online]. Greenwood Village, CO: Truven Health Analytics Inc. Updated periodically. www.micromedexsolutions.com [available with subscription]. Accessed April 2018.