CVS Caremark®

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| Reference number(s) |
| 210-A |

# Initial Prior Authorization Sporanox Oral Solution

## Products Referenced by this Document

Drugs that are listed in the following table include both brand and generic and all dosage forms and strengths unless otherwise stated. Over-the-counter (OTC) products are not included unless otherwise stated.

| Brand Name | Generic Name | Dosage Form |
| --- | --- | --- |
| Sporanox | itraconazole | oral solution |

## Indications

### FDA-approved Indications

Sporanox (itraconazole) Oral Solution is indicated for the treatment of oropharyngeal and esophageal candidiasis.

## Coverage Criteria

### Esophageal Candidiasis, Oropharyngeal Candidiasis

Authorization may be granted when the requested drug is being prescribed for the treatment of esophageal candidiasis or oropharyngeal candidiasis when ONE of the following criteria are met:

* The patient has experienced an inadequate treatment response to fluconazole
* The patient has experienced an intolerance to fluconazole
* The patient has a contraindication that would prohibit a trial of fluconazole

## Duration of Approval (DOA)

* 210-A: DOA: 6 months

## References

1. Sporanox Oral Solution [package insert]. Titusville, NJ: Janssen Pharmaceuticals, Inc.; December 2024.
2. Lexicomp Online, AHFS DI (Adult and Pediatric) Online. Waltham, MA: UpToDate, Inc.; 2025. https://online.lexi.com. Accessed January 29, 2025.
3. Micromedex® (electronic version). Merative, Ann Arbor, Michigan, USA. Available at: https://www.micromedexsolutions.com/ (cited: 01/017/2025).
4. Pappas P, Kauffman C, Andes D, et al. Clinical Practice Guidelines for the Management of Candidiasis: 2016 Update by the Infectious Diseases Society of America. Clinical Infectious Diseases. 2016; 62:1-50.