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Please note: All information below is required to process this request.

Mon-Fri: 5am to 10pm Pacific / Sat: 6am to 3pm Pacific

Onmel® & Sporanox® (itraconazole) Prior Authorization Request Form

DO NOT COPY FOR FUTURE USE. FORMS ARE UPDATED FREQUENTLY AND MAY BE BARCODED

Member Information (required)			Provider Information (required)		
Member Name:			Provider Name:		
Insurance ID#:			NPI#:	Specialty:	
Date of Birth:			Office Phone:		
Street Address:			Office Fax:		
City:	State:	Zip:	Office Street Address:		
Phone:			City:	State:	Zip:

Medication Information (required)

Medication Name:		Strength:	Dosage Form:
<input type="checkbox"/> Check if requesting brand		Directions for Use:	
<input type="checkbox"/> Check if request is for continuation of therapy			

Clinical Information (required)

Select the diagnosis below:

- Aspergillosis [**Sporanox capsules (itraconazole)** only]
- Blastomycosis [**Sporanox capsules (itraconazole)** only]
- Esophageal candidiasis [**Sporanox (itraconazole) oral solution** only]
- Fingernail onychomycosis [**Sporanox capsules (itraconazole)** and **Sporanox-Pulse** only]
- Histoplasmosis [**Sporanox capsules (itraconazole)** only]
- Oropharyngeal candidiasis [**Sporanox (itraconazole) oral solution** only]
- Pityriasis versicolor [**Sporanox capsules (itraconazole)** only]
- Tinea capitis (scalp ringworm) [**Sporanox capsules (itraconazole)** only]
- Tinea corporis (ring worm) [**Sporanox capsules (itraconazole)** only]
- Tinea cruris (jock itch) [**Sporanox capsules (itraconazole)** only]
- Tinea pedis (athlete's foot) [**Sporanox capsules (itraconazole)** only]
- Toenail onychomycosis [**Sporanox capsules (itraconazole)** and **Onmel tablets** only]
- Other diagnosis: _____ ICD-10 Code(s): _____

Esophageal or oropharyngeal candidiasis:

Is the candidiasis refractory to treatment with fluconazole? Yes No

Onychomycosis:

Is the diagnosis confirmed by one of the following? Yes No

- Fungal culture
- Nail biopsy
- Positive potassium hydroxide (KOH) preparation

Is the patient's condition causing debility or a disruption in the activities of daily living? Yes No

Does the patient have a trial and failure, contraindication, or intolerance to oral terbinafine? Yes No

Pityriasis versicolor or Tinea infection:

Is the tinea infection resistant to topical antifungal treatment? Yes No

Are there any other comments, diagnoses, symptoms, medications tried or failed, and/or any other information the physician feels is important to this review?

Please note: This request may be denied unless all required information is received.
For urgent or expedited requests please call 1-800-711-4555.
This form may be used for non-urgent requests and faxed to 1-800-527-0531.

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Office use only: Itraconazole_Comm_2019Jan1-V