

## TOLSURA (itraconazole, oral)

**Diagnosis Considered for Coverage:**

- Treatment of aspergillosis, blastomycosis, and histoplasmosis

**Coverage Criteria:**

**For diagnosis listed above:**

- Culture positive evidence of aspergillosis, blastomycosis, or histoplasmosis, **and**
- Medical rationale why patient is unable to use generic itraconazole capsule and solution (Sporanox), **and**
- Dose does not exceed FDA label maximum.

**Coverage Duration:** Length of treatment

Effective: 10/01/2021GF