Sporanox® (itraconazole) capsule Prior Authorization Request Form (Page 1 of 2)

DO NOT COPY FOR FUTURE USE. FORMS ARE UPDATED FREQUENTLY AND MAY HAVE BARCODES.

This form may be faxed to 844-403-1029.

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:
	Directions for Use:	

Clinical Information (required)	
1. Does the patient have a diagnosis of a systemic fungal infection (e.g., aspergillosis, histoplasmosis, blastomycosis)?	❑ Yes ❑ No
2. Does the patient have one of the following diagnoses? • Pityriasis versicolor • Tinea capitis (scalp ringworm) • Tinea corporis (ring worm) • Tinea cruris (jock itch) • Tinea pedis (athlete's foot)	❑ Yes ❑ No
3. Is the tinea infection resistant to topical antifungal treatment?	❑ Yes ❑ No
4. Does the patient have a diagnosis of fingernail onychomycosis?	❑ Yes ❑ No
5. Does the patient have a diagnosis of toenail onychomycosis?	❑ Yes ❑ No
6. Was the diagnosis of fingernail/toenail onychomycosis confirmed by one of the following: positive potassium hydroxide (KOH) preparation, fungal culture or nail biopsy?	❑ Yes ❑ No
7. Is the patient's condition causing debility or a disruption in his/her activities of daily living (e.g., limitations to manual dexterity, walking, standing, wearing shoes, or appropriately manicuring nails)?	❑ Yes ❑ No
8. Has the patient had a trial and failure, contraindication or intolerance to oral terbinafine?	❑ Yes ❑ No

Information on this form is accurate as of this date.

Prescriber's Signature:	**Date:**

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

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Please note: **This request may be denied unless all required information is received.**
For more information about the prior authorization process, please contact us at 855-811-2218.
Monday – Friday: 8 a.m. to 1 a.m. Eastern, and Saturday: 9 a.m. to 6 p.m. Eastern