

## NOXAFIL PA SUMMARY

**STATUS:** Non-Preferred

**LENGTH OF AUTHORIZATION:** 1 Year

### PA CRITERIA:

- ❖ Noxafil is approvable for the following diagnoses:
  - Preventative therapy for invasive aspergillus and/or candida in immunocompromised members
  - Invasive aspergillosis, zygomycosis, fusariosis, or other moulds that are resistant to previous systemic antifungal therapy
- ❖ Noxafil is also approvable for oropharyngeal candidiasis refractory to itraconazole or fluconazole *OR* submit documentation of allergies, contraindications, drug-drug interactions, or a history of intolerable side effects to itraconazole or fluconazole.
- ❖ Noxafil is also approvable for continuation of therapy following discharge from a hospital for certain diagnoses.

### EXCEPTIONS:

- ❖ Exceptions to these conditions of coverage are considered through the prior authorization process.
- ❖ The Prior Authorization process may be initiated by calling **SXC Health Solutions at 1-866-525-5827**.

### PA and APPEAL PROCESS:

- ❖ For online access to the PA process please go to [www.ghp.georgia.gov](http://www.ghp.georgia.gov), select the Provider Information tab, click on “view full text” in the Pharmacy Services box, click on “Prior Approval Process” in the list on the left.

### QUANTITY LEVEL LIMITATIONS:

- ❖ For online access to the current Quantity Level Limit please go to [www.ghp.georgia.gov](http://www.ghp.georgia.gov), select Provider Information, click on “view full list” in the Medicaid Provider Manuals box then select Pharmacy Services from the list shown.