

## Pharmacy Services

(800) 522-0114, option 4

April 13, 2016

Dear SoonerCare Provider,

The purpose of this fax is to provide information regarding criteria recently established for the reimbursement of **Noxafil® (posaconazole)** and **Cresemba® (isavuconazonium sulfate)**. **Effective April 15, 2016, Noxafil® and Cresemba® will require a prior authorization.** The authorization criteria for reimbursement can be found below.

### **Noxafil® (Posaconazole) Approval Criteria:**

1. An FDA approved diagnosis of one of the following:
  - a. Prophylaxis of invasive *Aspergillus* and *Candida* infections in high-risk patients due to being severely immunocompromised, such as hematopoietic stem cell transplant (HSCT) recipients with graft-versus-host disease (GVHD) or those with hematologic malignancies with prolonged neutropenia from chemotherapy; or
  - b. Treatment of oropharyngeal candidiasis (OPC), including OPC refractory (rOPC) to itraconazole and/or fluconazole; or
2. Treatment of invasive mucormycosis; or
3. Other appropriate diagnoses for which Noxafil® is not FDA approved may be considered with submission of a manual prior authorization; and
4. For the diagnosis of OPC, only the oral suspension may be used.

### **Cresemba® (Isavuconazonium Sulfate) Approval Criteria:**

1. An FDA approved diagnosis of one of the following:
  - a. Invasive aspergillosis
  - b. Invasive mucormycosis
2. For the treatment of invasive aspergillosis, a patient-specific, clinically significant reason why voriconazole cannot be used must be provided.

If a member requires Noxafil® or Cresemba®, prior authorization requests can be submitted to SoonerCare Pharmacy Services for consideration, including patient-specific, clinically significant supporting information for use of the requested medication. Prior authorization request forms can be found online at [www.okhca.org/forms](http://www.okhca.org/forms) (PHARM-04).

Thank you for the services you provide to Oklahomans insured by SoonerCare!