



Noxafil (Posaconazole)

Prior Authorization Form Curascript Fax (888) 773-7386

Form with fields: Last Name, First Name, Prescriber's Name, Specialty, Home Phone, Work Phone, Office Phone, Office Fax, Home Address, City, State, ZIP, Address, City, State, ZIP, SCAN ID number, Date of Birth, Est. Start Date, Office Contact, For Specialty Medications Only: Shipping Address (if different from home address), Physician, Home, Special Instructions (i.e. Non-English Speaking Patient, etc.)

Form with fields: Medication, Diagnosis, Sig, Qty, Refills, ICD 9 Code

Form with fields: Secondary/ Supplemental Insurance Company, Phone, Name of Insured, ID Number, Group Number

- 1. Is the diagnosis or indication for the prevention of invasive Aspergillosis or Candida infections? If no continue to #3
2. Is the patient 13 years of age and older, who is at high risk of developing these infections 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?
3. Is the diagnosis or indication for the treatment of oropharyngeal candidiasis?
4. Has the patient tried and failed or intolerant to itraconazole and fluconazole for the current condition?
5. Is the prescription recommended or initially written by an Infectious Disease specialist?
6. Is the patient currently taking one of the following: Orap, Quinidine or Ergot alkaloids?
7. Are there any other comments, diagnoses, symptoms, relevant lab values, and/or additional pertinent information that you feel is important to this review?

Physician's Signature: \_\_\_\_\_ NPI/DEA #: \_\_\_\_\_ Date: \_\_\_\_\_

For Internal Use Only
Approved Denied Reviewer's Initials \_\_\_\_\_ Decision Date \_\_\_\_\_
Comments \_\_\_\_\_

Notice: Failure to complete this form in its entirety may result in delayed processing or an adverse determination for insufficient information. Our response time for prescription drug coverage requests is 72 hours. View our formulary and Prior Authorization forms online at http://www.scanhealthplan.com.