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 Cresembera® (isavuconazonium sulfate). Effective April 15, 2016, Noxafil® and Cresembera® 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.

Cresembera® (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 Cresembera®, 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 (PHARM-04).

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