

# HealthAlliance**MEDICARE**

## **PURPOSE OF THE POLICY**

To provide prior authorization information on VFend and Noxafil.

## **STATEMENT OF THE POLICY**

Coverage of VFend and Noxafil will be authorized, for new starts only, if the below criteria are met:

## **PROCEDURES**

### **1. Criteria**

- 1.1 Covered for FDA approved indications not otherwise excluded from Part D.
- 1.2 Prescribed by an immunologist, infectious disease specialist, or oncologist.
- 1.3 Approval for three (3) months at a time.