

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. Covered for FDA approved indications**
- 2. Prescribed by an immunologist, infectious disease specialist, or oncologist**
- 3. Approval for 3 months at a time**