<table>
<thead>
<tr>
<th>Plan</th>
<th>MassHealth, Commercial/Exchange</th>
<th>Program Type</th>
<th>Prior Authorization, Quantity Limit, Step Therapy</th>
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</thead>
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<tr>
<td>Benefit</td>
<td>Pharmacy Benefit, Medical Benefit (NLX)</td>
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<tr>
<td>Specialty Limitations</td>
<td>N/A</td>
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### Specialty Medications

<table>
<thead>
<tr>
<th></th>
<th>All Plans</th>
<th>Phone: 866-814-5506</th>
<th>Fax: 866-249-6155</th>
</tr>
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</table>

### Non-Specialty Medications

<table>
<thead>
<tr>
<th></th>
<th>MassHealth</th>
<th>Phone: 877-433-7643</th>
<th>Fax: 866-255-7569</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Commercial</td>
<td>Phone: 800-294-5979</td>
<td>Fax: 888-836-0730</td>
</tr>
<tr>
<td></td>
<td>Exchange</td>
<td>Phone: 855-582-2022</td>
<td>Fax: 855-245-2134</td>
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### Medical Specialty Medications (NLX)

<table>
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<tr>
<th></th>
<th>All Plans</th>
<th>Phone: 844-345-2803</th>
<th>Fax: 844-851-0882</th>
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### Contact Information

<table>
<thead>
<tr>
<th></th>
<th>MassHealth</th>
<th>Phone: 877-433-7643</th>
<th>Fax: 866-255-7569</th>
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<td>Exchange</td>
<td>Phone: 855-582-2022</td>
<td>Fax: 855-245-2134</td>
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### Exceptions

N/A

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**Overview**
Noxafil is an antifungal medication that interferes with fungal cytochrome P450 (lanosterol-14α-demethylase) activity, decreasing ergosterol synthesis (principal sterol in fungal cell membrane) and inhibiting fungal cell membrane formation.

**Approvable Indications**
- Prophylaxis of invasive Aspergillus fungal infections
- Prophylaxis of invasive Candida fungal infections
- Treatment of oropharyngeal candidiasis [(oral thrush) – oral suspension only]

**Coverage Guidelines**
Authorization for Noxafil will be granted for members who meet any of the following criteria:
1. The diagnosis is prevention of an invasive Aspergillus or Candida fungal infection AND
2. The member has had documented inadequate response, adverse reaction, or contraindication to voriconazole (Vfend®)*

**OR**
1. The diagnosis is treatment of oropharyngeal candidiasis (oral thrush) AND
2. The member is ≥ 13 years old AND
3. The member has had documented inadequate response, adverse reaction, or contraindication to both voriconazole (Vfend®) and high-dose fluconazole* AND
4. The requested medication is Noxafil® oral suspension

*Voriconazole (Vfend®) and high-dose fluconazole trials will not be required when the prescriber of Noxafil® is an infectious disease (ID) specialist or a hematology/oncology specialist
Limitations
Approvals are issued for 3 months. Except when being prescribed by an infectious disease (ID) specialist or a hematology/oncology specialist, then approvals will be granted up to 6 months.

References
1. Noxafil (posaconazole) [prescribing information]. Whitehouse Station, NJ: Merck & Co Inc; March 2019

Review History
01/01/18 – Implemented
09/18/17 – Reviewed
09/18/19 – Reviewed

Disclaimer
AllWays Health Partners complies with applicable federal civil rights laws and does not discriminate or exclude people on the basis of race, color, national origin, age, disability, or sex.