

**CAREFIRST - MD EXCHANGE 5T
Noxafil (HMF)**

This fax machine is located in a secure location as required by HIPAA regulations. Fax complete signed and dated forms to CVS/Caremark at 888-836-0730. Please contact CVS/Caremark at 855-582-2022 with questions regarding the prior authorization process. When conditions are met, we will authorize the coverage of Noxafil (HMF).

Patient Information

Patient Name:

Patient Phone: - -

Patient ID:

Patient Group No:

Patient DOB: / /

Prescribing Physician

Physician Name:

Physician Phone: - -

Physician Fax: - -

Physician Address:

City, State, Zip:

Drug Name (select from list of drugs shown)

Noxafil Suspension (posaconazole) Noxafil Tablets (posaconazole) Posaconazole Tablets

Quantity: _____ **Frequency:** _____ **Strength:** _____

Route of Administration: _____ **Expected Length of Therapy:** _____

Diagnosis: _____ **ICD Code:** _____

Comments: _____

Please check the appropriate answer for each applicable question.

1. Is the requested drug being prescribed for the prevention of invasive Aspergillus or Candida infections in a patient who is at a high risk of developing one of these infections due to being severely immunocompromised? Y N
2. Is this request for Noxafil oral suspension? Y N
3. Is the requested drug being prescribed for the treatment of moderate to severe oropharyngeal candidiasis? Y N
4. Has the patient experienced an inadequate treatment response, intolerance or contraindication to fluconazole AND itraconazole? Y N

I attest that the medication requested is medically necessary for this patient. I further attest that the information provided is accurate and true, and that the documentation supporting this information is available for review if requested by the claims processor, the health plan sponsor, or, if applicable a state or federal regulatory agency.

Prescriber (Or Authorized) Signature and Date

Effective July 1, 2015, Maryland law will require providers to submit pharmaceutical preauthorization requests electronically. To use ePA, either contact your electronic health record vendor or visit www.covermymeds.com/epa/caremark