

VFEND PA SUMMARY

STATUS: Non-Preferred

LENGTH OF AUTHORIZATION: 1 Year

PA CRITERIA:

- ❖ Approvable for members using oral Vfend for continuation of therapy after being started on IV Vfend therapy
- ❖ Approvable for members who have tried one other systemic antifungal agent and who have one of the following diagnoses:
 - Esophageal candidiasis
 - Invasive aspergillus
 - Fungal infection caused by *Scedosporium apiospermum*
 - Fungal infection caused by *Fusarium* species
 - Candidemia in nonneutropenic patient
 - Disseminated *Candida* skin infection
 - *Candida* infection in abdomen, kidney, bladder wall, or wound

EXCEPTIONS:

- ❖ Exceptions to these conditions of coverage are considered through the prior authorization process.
- ❖ The Prior Authorization process may be initiated by calling **SXC Health Solutions at 1-866-525-5827**.

PA and APPEAL PROCESS:

- ❖ For online access to the PA process please go to www.ghp.georgia.gov, select the Provider Information tab, click on “view full text” in the Pharmacy Services box, click on “Prior Approval Process” in the list on the left.

QUANTITY LEVEL LIMITATIONS:

- ❖ For online access to the current Quantity Level Limit please go to www.ghp.georgia.gov, select Provider Information, click on “view full list” in the Medicaid Provider Manuals box then select Pharmacy Services from the list shown.