



OptumRx has partnered with CoverMyMeds to receive prior authorization requests, saving you time and often delivering real-time determinations.

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Please note: All information below is required to process this request.

Mon-Fri: 5am to 10pm Pacific / Sat: 6am to 3pm Pacific

Noxafil[®] tablet and oral suspension

Prior Authorization Request Form

DO NOT COPY FOR FUTURE USE. FORMS ARE UPDATED FREQUENTLY AND MAY BE BARCODED

Member Information <small>(required)</small>			Provider Information <small>(required)</small>		
Member Name:			Provider Name:		
Insurance ID#:			NPI#:		Specialty:
Date of Birth:			Office Phone:		
Street Address:			Office Fax:		
City:	State:	Zip:	Office Street Address:		
Phone:			City:	State:	Zip:
Medication Information <small>(required)</small>					
Medication Name:			Strength:		Dosage Form:
<input type="checkbox"/> Check if requesting brand			Directions for Use:		
<input type="checkbox"/> Check if request is for continuation of therapy					
Clinical Information <small>(required)</small>					
<p>Continuation of therapy:</p> <p>Is this a continuation of prior therapy? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If "yes" to the above question, please submit documentation (e.g., medical records, chart notes, pharmacy claims) or provide the dates, duration, and previous regimen used below: (REQUIRED)</p> <hr/>					
<p>Select the diagnosis below:</p> <p><input type="checkbox"/> Prophylaxis of invasive Aspergillus and Candida infections due to being severely immunocompromised</p> <p><input type="checkbox"/> Oropharyngeal candidiasis</p> <p><input type="checkbox"/> Other diagnosis: _____ ICD-10 Code(s): _____</p>					
<p>Medication history:</p> <p>Has the patient had prior use of fluconazole or is fluconazole contraindicated, inappropriate, or ineffective for this patient? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>					

Are there any other comments, diagnoses, symptoms, medications tried or failed, and/or any other information the physician feels is important to this review?

Please note: This request may be denied unless all required information is received.
 For urgent or expedited requests please call 1-800-711-4555.
 This form may be used for non-urgent requests and faxed to 1-800-527-0531.

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