

Market Applicability/Effective Date														
Market	FL & FHK	FL MMA	FL LTC	GA	KS	KY	LA	MD	NJ	NV	NY	TN	TX	WA
Applicable	X	NA	NA	X	NA	X	X	X	X	X	X	NA	NA	X

*FHK- Florida Healthy Kids

Medication	Comments
Eraxis (anidulafungin)	N/A

VERRIDE(S)

Prior Authorization of Benefits

APPROVAL DURATION

1 Year

APPROVAL CRITERIA

Requests for Eraxis (anidulafungin) may be approved if the following criteria are met:

- I. Individual has a diagnosis of Candidemia or another form of Candida infection (intra-abdominal abscess and peritonitis); **OR**
- II. Individual has a diagnosis of esophageal candidiasis

This policy does not apply to health plans or member categories that do not have pharmacy benefits nor to Medicare. Note that market-specific restrictions or transition-of-care benefit limitations may apply.