

**Noxafil (posaconazole)
Effective 09/18/2019**

Plan	<input checked="" type="checkbox"/> MassHealth <input checked="" type="checkbox"/> Commercial/Exchange	Program Type	<input checked="" type="checkbox"/> Prior Authorization <input type="checkbox"/> Quantity Limit <input type="checkbox"/> Step Therapy
Benefit	<input checked="" type="checkbox"/> Pharmacy Benefit <input type="checkbox"/> Medical Benefit (NLX)		
Specialty Limitations	N/A		
Contact Information	Specialty Medications		
	All Plans	Phone: 866-814-5506	Fax: 866-249-6155
	Non-Specialty Medications		
	MassHealth	Phone: 877-433-7643	Fax: 866-255-7569
	Commercial	Phone: 800-294-5979	Fax: 888-836-0730
	Exchange	Phone: 855-582-2022	Fax: 855-245-2134
	Medical Specialty Medications (NLX)		
	All Plans	Phone: 844-345-2803	Fax: 844-851-0882
Exceptions	N/A		

Overview

Noxafil is an antifungal medication that interferes with fungal cytochrome P450 (lanosterol-14 α -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 \geq 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
2. US Department of Health and Human Services Panel on Opportunistic Infections in HIV-Infected Adults and Adolescents. Guidelines for the prevention and treatment of opportunistic infections in HIV-infected adults and adolescents: recommendations from the Centers for Disease Control and Prevention, the National Institutes of Health, and the HIV Medicine Association of the Infectious Diseases Society of America. http://aidsinfo.nih.gov/contentfiles/lvguidelines/adult_oi.pdf. Updated September 24, 2015. Accessed September 25, 2015
3. Dekkers BG, Bakker M, van der Elst KC, Sturkenboom MG, Veringa A, Span LF, Alffenaar JC. Therapeutic drug monitoring of posaconazole: an update. *Curr Fungal Infect Rep.* 2016;10:51-61.[PubMed 27358662]10.1007/s12281-016-0255-4
4. Oude Lashof AM, De Bock R, Herbrecht R, et al. An open multicentre comparative study of the efficacy, safety and tolerance of fluconazole and itraconazole in the treatment of cancer patients with oropharyngeal candidiasis. *Eur J Cancer* 2004; 40:1314.
5. Skiest DJ, Vazquez JA, Anstead GM, et al. Posaconazole for the treatment of azole-refractory oropharyngeal and esophageal candidiasis in subjects with HIV infection. *Clin Infect Dis* 2007; 44:607
6. Pappas PG, Kauffman CA, Andes DR, et al. Clinical practice guideline for the management of candidiasis: 2016 update by the Infectious Diseases Society of America. *Clin Infect Dis.* 2016;62(4):e1-e50.[PubMed 26679628]

Review History

01/01/18 – Implemented

09/18/17 – Reviewed

09/18/19 – Reviewed

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