Posaconazole injection (Noxafil®)

<u>Place of Service</u> Home Health Administration Hospital Administration Infustion Center Administration Office Administration Outpatient Facility Administration

HCPCS: J3490

NDC: 0085-4331-01

Condition listed in policy (see criteria for details)

- Invasive Aspergillus or Candida infection prophylaxis in high-risk patients
- <u>Treatment of invasive Aspergillus</u>

AHFS therapeutic class: Azoles

Mechanism of action: Azole antifungal agent

(1) Special Instructions and pertinent Information

Covered under the Medical Benefit, please submit clinical information for prior authorization review via fax.

(2) Prior Authorization/Medical Review is required for the following condition(s) All requests for posaconazole injection (Noxafil®) must be <u>sent for clinical review</u> and receive authorization <u>prior to drug administration or claim payment</u>.

Prophylaxis in high-risk patients: Invasive Aspergillus or Candida infection

- 1. Being used for prophylaxis against Aspergillus or Candida infection, AND
- 2. Being prescribed by or in consultation with an oncologist or infectious disease specialist, AND
- Patient is severely immunocompromised (GVHD, HIV+, chemotherapy-induced neutropenia), AND
- 4. Patient is unable to use oral posaconazole tablet and suspension

Covered dose:

Up to 300 mg IV BID on Day 1, followed by up to 300mg IV once daily thereafter

Coverage period:

Up to 2 months then reassess for continued need for treatment

ICD-10:

PHP Medi-Cal

Posaconazole injection (Noxafil®)

Effective: 11/02/2023

Treatment of invasive Aspergillus

- 1. Being used for treatment of culture positive invasive Aspergillus, AND
- 2. Patient is unable to use oral posaconazole tablet and suspension

Covered dose:

Up to 300 mg IV BID on Day 1, followed by up to 300mg IV once daily thereafter

Coverage period:

Up to 3 months then reassess for continued need for treatment

ICD-10:

B44.0-B44.2, B44.7, B44.89, B44.9, B48.4

(3) The following condition(s) <u>DO NOT</u> require Prior Authorization/Preservice All requests for posaconazole injection (Noxafil®) must be <u>sent for clinical review</u> and receive authorization <u>prior to drug administration or claim payment</u>.

(4) This Medication is NOT medically necessary for the following condition(s)

<u>Coverage for a Non-FDA approved indication, requires that criteria outlined in Health and Safety</u> <u>Code § 1367.21, including objective evidence of efficacy and safety are met for the proposed</u> <u>indication.</u>

Please refer to the Provider Manual and User Guide for more information.

(5) Additional Information

How supplied: 300 mg per 16.7 mL (18 mg per mL) solution vial

(6) References

- AHFS[®]. Available by subscription at <u>http://www.lexi.com</u>
- DrugDex[®]. Available by subscription at <u>http://www.micromedexsolutions.com/home/dispatch</u>
- Noxafil® (Posaconazole injection) [Prescribing Information]. Whitehouse Station, NJ: Merck & Co., Inc.; 1/2022.
- Guidelines for the Prevention and Treatment of Opportunistic Infections in Adults and Adolescents with HIV. Available at:

https://clinicalinfo.hiv.gov/sites/default/files/guidelines/documents/Adult_OI.pdf

- Pappas PG, Kauffman CA, Andes DR, et al. Clinical practice guideline for the management of Candidiasis: 2016 update by the Infectious Disease Society of America. Clin Infect Dis 2016; 62(4):e1-e50.
- Patterson TF, Thompson GR, Denning DW, et al: Practice guidelines for the diagnosis and management of aspergillosis: 2016 update by the Infectious Diseases Society of America. Clin Infect Dis 2016; 63(4):e1-e60.
- National Comprehensive Cancer Network. Prevention and Treatment of Cancer-Related Infections (Version 3.2022). Available at http://www.nccn.org.
- Taplitz RA, Kennedy EB, Bow EJ et al. Antimicrobial prophylaxis for adult patients with cancerrelated immunosuppression: ASCO and IDSA clinical practice guideline update. J Clin Oncol 2018; 36:3043-3054

(7) Policy Update

Date of initial review: 2Q2022 Date of next review: 2Q2023 Changes from previous policy version:

New policy

BSC Drug Coverage Criteria to Determine Medical Necessity Reviewed by P&T Committee