

**posaconazole (Noxafil)****Medical Benefit Drug Policy**Place of Service

Home Health Administration

Hospital Administration

Infusion Center Administration

Office Administration

Outpatient Facility Administration

**Drug Details****USP Category:** ANTIFUNGALS

**Mechanism of Action:** Interferes with fungal cytochrome P450 (lanosterol-14 $\alpha$ -demethylase) activity, decreasing ergosterol synthesis (principal sterol in fungal cell membrane) and inhibiting fungal cell membrane formation.

**HCPCS:**

J1837:Injection, posaconazole, 1 mg

**How Supplied:**

300 mg per 16.7 mL (18 mg per mL) solution vial

**Condition(s) listed in policy** *(see coverage criteria for details)*

- Prophylaxis in High-Risk Patients: Invasive Aspergillus or Candida Infection
- Treatment of Invasive Aspergillus

Any condition not listed in this policy requires a review to confirm it is medically necessary. For conditions that have not been approved for intended use by the Food and Drug Administration (i.e., off-label use), the criteria outlined in the California Code of Regulations (CCR), Title 22, Section 51303 and 51313 must be met.

**Special Instructions and Pertinent Information**

Provider must submit documentation (such as office chart notes, lab results or other clinical information) to ensure the member has met all medical necessity requirements.

The member's specific benefit may impact drug coverage. Other utilization management processes, and/or legal restrictions may take precedence over the application of this clinical criteria.

**Coverage Criteria****The following condition(s) require Prior Authorization/Preservice.****Prophylaxis in High-Risk Patients: Invasive Aspergillus or Candida Infection****Meets medical necessity if all the following are met:**

1. Being used for prophylaxis against Aspergillus or Candida infection
2. Being prescribed by or in consultation with an oncologist or infectious disease specialist

3. Patient is severely immunocompromised (GVHD, HIV+, chemotherapy-induced neutropenia)
4. Patient is unable to use oral posaconazole tablet and suspension

**Covered Doses:**

Up to 300 mg intravenously twice daily on Day 1, followed by up to 300mg intravenously once daily thereafter

**Coverage Period:**

Up to 2 months then reassess for continued need for treatment

**ICD-10:**

B37.7, B44.0-B44.2, B44.7, B44.89, B44.9, B48.4

**Treatment of Invasive Aspergillus****Meets medical necessity if all the following are met:**

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

**Covered Doses:**

Up to 300 mg intravenously twice daily on Day 1, followed by up to 300mg intravenously 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

**References**

1. AHFS. Available by subscription at <http://www.lexi.com>
2. DrugDex. Available by subscription at <http://www.micromedexsolutions.com/home/dispatch>
3. Noxafil (posaconazole injection) Prescribing Information. Merck Sharp & Dohme Co., Inc.; Whitehouse Station, NJ: 10/2024.
4. Guidelines for the Prevention and Treatment of Opportunistic Infections in Adults and Adolescents with HIV. Available at: <https://clinicalinfo.hiv.gov/en/guidelines/hiv-clinical-guidelines-adult-and-adolescent-opportunistic-infections/>
5. Johns Hopkins ABX Guide. Posaconazole. Available at: <https://www.hopkinsguides.com/hopkins>. Accessed April 1, 2024.

6. 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.
7. 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.
8. Sanford Guide. Fungal Infections (various). Available at: <https://webedition.sanfordguide.com/login>. Accessed April 1, 2024.
9. Taplitz RA, Kennedy EB, Bow EJ et al. Antimicrobial prophylaxis for adult patients with cancer-related immunosuppression: ASCO and IDSA clinical practice guideline update. J Clin Oncol 2018; 36:3043-3054

### Review History

Date of Last Annual Review: 2Q2025

Changes from previous policy version:

- HCPCS: Added J1837, effective 1/1/2026.

*Blue Shield of California Medication Policy to Determine Medical Necessity  
Reviewed by P&T Committee*