blue california
Promise Health Plan

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-14α-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

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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, B44.0, B44.1, 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, B44.0, B44.1, B44.2, B44.7, B44.89, B44.9, B48.4

References

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5. Johns Hopkins ABX Guide. Posaconazole. Available at: https://www.hopkinsguides.com/hopkins. Accessed April 1, 2024.

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Review History

Date of Last Annual Review: 2Q2026

Changes from previous policy version:

- No change to policy following routine annual review

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