



STANDARD COMMERCIAL DRUG FORMULARY
PRIOR AUTHORIZATION GUIDELINES

POSACONAZOLE

Generic	Brand	HICL	GCN	Medi-Span	Exception/Other
POSACONAZOLE	NOXAFIL, POSACONAZOLE	33461		GPI-10 (1140706000)	ROUTE = ORAL

GUIDELINES FOR USE

1. Is the request for continuation of therapy after the patient was started on posaconazole in the hospital?

If yes, **approve for 6 months by GPID or GPI-14.**

If no, continue to #2.

2. Is the request for the treatment of invasive aspergillosis and the patient meets **ALL** of the following criteria?

- The patient is 13 years of age or older
- The request is for posaconazole (Noxafil) tablets

If yes, **approve for 12 weeks by GPID or GPI-14.**

If no, continue to #3.

3. Is the request for prophylaxis of invasive aspergillus or candida infections **AND** the patient meets the following criterion?

- The patient is at high risk of developing these infections due to being severely immunocompromised, such as HSCT recipients with GVHD or has a hematologic malignancy with prolonged neutropenia from chemotherapy

If yes, continue to #4.

If no, continue to #7.

4. Is the request for posaconazole (Noxafil) tablets and the patient meets **ONE** of following criteria?

- The patient is 18 years of age or older
- The patient is 2 years of age or older AND weighs greater than 40 kg

If yes, **approve for 6 months by GPID or GPI-14.**

If no, continue to #5.

5. Is the request for posaconazole (Noxafil) oral suspension and the patient meets **ALL** of the following criteria?

- The patient is 13 years of age or older
- The patient is unable to swallow tablets

If yes, **approve for 6 months by GPID or GPI-14.**

If no, continue to #6.

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GUIDELINES FOR USE (CONTINUED)

6. Is the request for posaconazole (Noxafil) PowderMix and the patient meets **ALL** of the following criteria?

- The patient is 2 to less than 18 years of age AND weighs less than 40 kg
- The patient is unable to swallow tablets

If yes, **approve for 6 months by GPID or GPI-14.**

If no, do not approve.

DENIAL TEXT: See the denial text at the end of the guideline.

7. Does the patient have a diagnosis of oropharyngeal candidiasis (OPC) and meet **ALL** of the following criteria?

- The patient is 13 years of age or older
- The patient had a trial of or contraindication to fluconazole OR itraconazole
- The request is for posaconazole (Noxafil) oral suspension

If yes, **approve for 3 months by GPID or GPI-14.**

If no, continue to #8.

8. Does the patient have a diagnosis of esophageal candidiasis and meet **ALL** of the following criteria?

- The patient is 13 years of age or older
- The patient had a trial and failure of or contraindication to two of the following: fluconazole, itraconazole solution, or voriconazole

If yes, **approve for 3 months by GPID or GPI-14.**

If no, do not approve.

DENIAL TEXT: *Some terms are already pre-defined in parenthesis. Please use these definitions if the particular text you need to use does not already have definition(s) in it.

Our guideline named **POSACONAZOLE (Noxafil)** requires the following rule(s) be met for approval:

A. The request is for ONE of the following:

1. Continuation of therapy after hospital discharge
2. Treatment of invasive aspergillosis (type of fungal infection)
3. Prophylaxis (prevention) of invasive aspergillus or candida infections (types of fungal infection)
4. Oropharyngeal candidiasis (fungal infection of the throat)
5. Esophageal candidiasis (fungal infection in the tube connecting the throat and stomach)

(Denial text continued on next page)

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GUIDELINES FOR USE (CONTINUED)

- B. If the request is for treatment of invasive aspergillosis, approval also requires:**
1. You are 13 years of age or older
 2. You are requesting Noxafil (posaconazole) tablets
- C. If the request is for prophylaxis of invasive aspergillus or candida infections, approval also requires:**
1. You are at high risk of developing these infections due to being severely immunocompromised, such as hematopoietic stem cell transplantation (HSCT: bone marrow transplant) recipient with graft versus host disease (GVHD: a type of immune disorder) or you have hematologic malignancies (cancer affecting the blood) with prolonged neutropenia (low levels of a type of white blood cell) from chemotherapy (cancer treatment)
 2. If the request is for posaconazole (Noxafil) tablets, you meet ONE of the following:
 - a. You are 18 years of age or older
 - b. You are 2 years of age or older AND weigh greater than 40 kg
 3. If the request is for posaconazole (Noxafil) suspension, you meet ALL of the following:
 - a. You are 13 years of age or older
 - b. You are unable to swallow tablets
 4. If the request is for posaconazole (Noxafil) PowderMix, you meet the following:
 - a. You are 2 to 18 years of age AND weigh less than 40 kg
 - b. You are unable to swallow tablets
- D. If the request is for oropharyngeal candidiasis, approval also requires:**
1. You are 13 years of age or older
 2. You had a trial of or contraindication (harmful for) to fluconazole OR itraconazole
 3. You are requesting Noxafil (posaconazole) oral suspension
- E. If the request is for esophageal candidiasis, approval also requires:**
1. You are 13 years of age or older
 2. You had a trial and failure of or contraindication (harmful for) to TWO of the following: fluconazole, itraconazole solution, or voriconazole

Your doctor told us [INSERT PT SPECIFIC INFO PROVIDED]. We do not have information showing you [INSERT UNMET CRITERIA]. This is why your request is denied. Please work with your doctor to use a different medication or get us more information if it will allow us to approve this request.

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POSACONAZOLE

RATIONALE

For further information, please refer to the Prescribing Information and/or Drug Monograph for Noxafil.

REFERENCES

- Noxafil [Prescribing Information]. Whitehouse Station, NJ: Merck & Co., Inc.; January 2022.

Library	Commercial	NSA
Yes	Yes	No

Part D Effective: N/A

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