

| Market Applicability/Effective Date | | | | | | | | | | | | | | |
|-------------------------------------|----------|--------|--------|----|-----|----|----|----|----|----|----|-----|-----|----|
| Market | FL & FHK | FL MMA | FL LTC | GA | KS | KY | LA | MD | NJ | NV | NY | TN | TX | WA |
| Applicable | X | N/A | N/A | X | N/A | X | X | X | X | X | X | N/A | N/A | NA |

*FHK- Florida Healthy Kids

Noxafil (posaconazole)

| Override(s) | Approval Duration |
|---------------------------------------|-------------------|
| Prior Authorization Quantity Limit | 1 year |

| Medications | Quantity Limit |
|---|----------------------------------|
| Noxafil (posaconazole) 100 mg | May be subject to quantity limit |
| Noxafil (posaconazole) 40 mg/mL oral suspension | |

APPROVAL CRITERIA

Requests for all dosage forms of Noxafil (posaconazole) may be approved when the following criterion is met:

- I. Individual is severely immunocompromised and using for prophylaxis of invasive aspergillus and *Candida* infections, including individuals who are hematopoietic stem cell transplant (HSCT) recipients with graft-versus-host disease (GVHD) or those with hematologic malignancies and prolonged chemotherapy-associated neutropenia.

Requests for Noxafil (posaconazole) oral suspension may be approved when the following criteria are met:

- I. Individual is using to treat oropharyngeal candidiasis including oropharyngeal candidiasis refractory to itraconazole and/or fluconazole; **OR**
- II. Treatment of esophageal candidiasis refractory to oral itraconazole and/or fluconazole in HIV-infected adults (AHFS, Pappas 2016); **OR**
- III. Salvage therapy for the treatment of invasive aspergillosis in individuals refractory to or intolerant of primary antifungal therapy (AHFS, Walsh 2008); **OR**
- IV. Individual HIV-infected and is using to treat or prevent coccidioidomycosis as an alternative in those who do not respond to fluconazole or itraconazole (AHFS, CDC/NIH/IDSA); **OR**
- V. Salvage therapy for the treatment of infections caused by *Fusarium* or *Zygomycosis* species when other antifungals were ineffective or could not be used (AHFS).

| State Specific Mandates | | |
|-------------------------|-----------------------|--|
| State name N/A | Date effective N/A | Mandate details (including specific bill if applicable) N/A |

This policy does not apply to health plans or member categories that do not have pharmacy benefits, nor does it apply to Medicare. Note that market specific restrictions or transition-of-care benefit limitations may apply.

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| Applicable | X | N/A | N/A | X | N/A | X | X | X | X | X | X | N/A | N/A | NA |

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Key References:

Clinical Pharmacology [database online]. Tampa, FL: Gold Standard, Inc.: 2017. URL: <http://www.clinicalpharmacology.com>. Updated periodically.

DailyMed. Package inserts. U.S. National Library of Medicine, National Institutes of Health website. <http://dailymed.nlm.nih.gov/dailymed/about.cfm>. Accessed January 30, 2017.

DrugPoints® System (electronic version). Truven Health Analytics, Greenwood Village, CO. Updated periodically.

Lexi-Comp ONLINE™ with AHFS™, Hudson, Ohio: Lexi-Comp, Inc.; 2017; Updated periodically.

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