

Posaconazole



Included Products: Noxafil (posaconazole), Noxafil PowderMix (posaconazole for delayed-release suspension), Noxafil suspension (posaconazole suspension)

Created: 07/12/2012

Revised: 03/09/2023

Reviewed: 03/11/2021

Updated: 04/01/2023

All Diagnoses

| Initial Criteria | | If yes | If no |
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| 1. | Is treatment being initiated by an infectious disease specialist or hematologist/oncologist? | Continue to #2. | Do not approve. |
| 2. | Does the member have a diagnosis or suspicion of a zygomycete infection (e.g. Rhizopus, Mucor, Absidia)? | Continue to #8. | Continue to #3. |
| 3. | Is the request for the treatment of oropharyngeal candidiasis in members with HIV/AIDS? | Continue to #10. | Continue to #4. |
| 4. | Is the request for primary prophylaxis of Aspergillus in patients with prolonged neutropenia due to intensive chemotherapy for acute myelogenous leukemia or advanced myelodysplastic syndrome? | Continue to #5. | Continue to #6. |
| 5. | Has the member failed an adequate trial of voriconazole? | Continue to #11 | Do not approve. |
| 6. | Is the request for primary prophylaxis of Aspergillus in an allogenic stem cell transplant recipient? | Continue to #7. | Do not approve. |
| 7. | Has the member failed an adequate trial of voriconazole? | Continue to #11 | Do not approve. |
| 8. | Has the member failed an adequate trial of amphotericin B? | Continue to #11. | Continue to #9. |
| 9. | Is the member stepping down from amphotericin B treatment? | Continue to #11. | Do not approve. |
| 10. | Has the member previously failed treatment with fluconazole, itraconazole oral solution, and voriconazole despite at least 200mg/d of fluconazole or 200mg/day itraconazole or 400mg/day voriconazole, intolerable side effects, or drug interactions? | Continue to #13. | Do not approve. |

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| 11. | Is the request for generic tablets? | Continue to #13. | Continue to #12. |
| 12. | Is the request for oral suspension AND does the member have a reason that they cannot swallow oral tablets? | Continue to #13. | Do not approve. Offer generic tablets. |
| 13. | Approve for appropriate duration. | | |