

Noxafil[®]
To Initiate a Coverage Review, call 1 800 753-2851

Covered Medication
➤ Posaconazole (<i>Noxafil[®]</i>)
What It Does and How It's Used
<p>➤ Posaconazole is a triazole antifungal agent that blocks the synthesis of fungal cell membranes thereby inhibiting fungus growth.</p> <p>➤ Posaconazole is used in the treatment of fungal infections due to <i>Aspergillus</i>. It exerts equal or greater activity compared to other azole agents against <i>Aspergillus</i>, <i>zygomycetes</i>, <i>scedosporium</i>, <i>fusarium</i>, <i>histoplasma</i>, and <i>coccidioides</i>. It is also effective against resistant <i>Candida</i> and <i>Aspergillus</i>.</p> <p>➤ Posaconazole is indicated for prevention of invasive <i>Aspergillus</i> and <i>Candida</i> infections in patients older than 13 years of age, and who are at high risk of developing these infections because of severe immunosuppression, such as hematopoietic stem cell transplant recipients (HSCT) with graft-versus-host disease (GVHD) or those with hematologic cancers with long duration of chemotherapy or neutropenia. It is also indicated for treatment of oropharyngeal candidiasis (OPC), including oropharyngeal candidiasis refractory to itraconazole or fluconazole.</p> <p>➤ The Infectious Disease Society of America recommends the use of generic fluconazole as first-line treatment for non-refractory oropharyngeal candidiasis.</p>
Rationale for Coverage Authorization
To limit coverage of posaconazole to an amount sufficient for a 10-day treatment course and to provide coverage for additional quantities through a coverage authorization process when posaconazole is needed for aspergillosis infections or fungal infections that are refractory to fluconazole or itraconazole.
Benefit Design
Coverage is provided for up to 10 days of posaconazole without requiring a coverage review process. Coverage for a longer course of treatment is determined through a prior authorization process.
Coverage Authorization Criteria
<p>➤ Coverage beyond 10 days therapy is provided for:</p> <ul style="list-style-type: none"> • the prophylaxis or treatment of invasive <i>Aspergillus</i> OR • for use in the treatment of <i>Candida</i> infections that are refractory to fluconazole or itraconazole. <p>➤ Coverage is provided for the life-time of the request.</p>
Reference
<p>Product Information: Posaconazole (<i>Noxafil[®]</i>- Schering Corporation) 2006.</p> <p>Rex JH, Walsh TJ, Sobel JD, et al. Infections Diseases Society of America: Practice guidelines for the treatment of candidiasis. <i>Clin Infect Dis</i>. 2000;30(4):662-678.</p>