## Alaska Medicaid

# **NOXAFIL ORAL SUSPENSION® (POSACONAZOLE)**

Available 40mg/mL per 105mL

### **INDICATIONS and USAGE:**

"NOXAFIL is a triazole antifungal agent indicated for:

- prophylaxis of invasive Aspergillus and Candida infections in patients, 13 years of age and older, who are at high risk of developing these infections due to being severely immunocompromised, such as hematopoietic stem cell transplant (HSCT) recipients with graft-versus-host disease (GVHD) or those with hematologic malignancies with prolonged neutropenia from chemotherapy.
- the treatment of oropharyngeal candidiasis (OPC), including OPC refractory (rOPC) to itraconazole and/or fluconazole.

# **Criteria for Approval**:

Prophylaxis of invasive Aspergillus and Candida

- At risk of developing Aspergillus and Candida infections due to immune-compromised state caused by the following conditions:
  - Hematopoietic stem cell transplant (HSCT) with graft-versus-host disease (GVHD); OR
  - Hematologic malignancies with prolonged neutronpenia from chemotherapy.

Treatment of oropharyngeal candidiasis infections (OPC)

• Fungal culture and any other relevant laboratory documentation

Treatment of oropharyngeal candidiasis infections (rOPC) refactory to standard course of fluconazole and/or itraconazole

Provide clinical documentation and treatment dates of previous medication regimens

### **Length of Authorization:**

• Coverage may be approved up to 3 months; reauthorization maybe approved for an extended period with progress note of clinical improvement or medical rationale justifying continuation of therapy.

## **Dispensing Limit:**

Treatment of oropharyngeal candidiasis infections (OPC) up to a 14 day supply of medication

# **References:**

<sup>1</sup> Noxafill® package insert is available at: < <a href="http://www.merck.com/product/usa/pi\_circulars/n/noxafil/noxafil\_pi.pdf">http://www.merck.com/product/usa/pi\_circulars/n/noxafil/noxafil\_pi.pdf</a> > Accessed 3/26/13

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