

## PRIOR AUTHORIZATION POLICY

- POLICY:** Antifungals – Noxafil (Oral) Prior Authorization Policy
- Noxafil® (posaconazole delayed-release tablets [generic], oral suspension, PowderMix for delayed-release oral suspension – Merck)

**REVIEW DATE:** 06/29/2022

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### OVERVIEW

Noxafil, an azole antifungal, is indicated for the following uses:<sup>1</sup>

- **Prophylaxis of invasive *Aspergillus* and *Candida* infections** in patients 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: posaconazole delayed-release tablets, in patients  $\geq 2$  years of age who weigh  $> 40$  kg; Noxafil oral suspension, in patients  $\geq 13$  years of age; Noxafil PowderMix for delayed-release oral suspension, in pediatric patients  $\geq 2$  years of age who weigh  $< 40$  kg.
- **Treatment of invasive aspergillosis:** posaconazole delayed-release tablets, in patients  $\geq 13$  years of age.
- **Treatment of oropharyngeal candidiasis** including oropharyngeal candidiasis refractory to itraconazole and/or fluconazole: Noxafil oral suspension, in patients  $\geq 13$  years of age.

The duration of Noxafil therapy is varied. In a pivotal study, where Noxafil oral suspension was compared with fluconazole capsules as prophylaxis for the prevention of invasive fungal infections in allogeneic HSCT recipients with GVHD, the mean duration of Noxafil therapy was 80 days.<sup>1</sup>

### Guidelines

The Infectious Diseases Society of America (IDSA) guidelines for aspergillosis (2016) recommend Noxafil for treatment and prophylaxis of invasive aspergillosis.<sup>2</sup> The IDSA guidelines for candidiasis (2016) and the National Comprehensive Cancer Network (NCCN) Guidelines for the Prevention and Treatment of Cancer-Related Infections (version 1.2022 – June 2, 2022) note Noxafil as one of the drugs of choice for the treatment of fluconazole-refractory oropharyngeal candidiasis.<sup>3</sup> NCCN also recommends Noxafil for antifungal prophylaxis in neutropenic patients with acute myeloid leukemia or myelodysplastic syndrome receiving induction or re-induction chemotherapy, patients who are allogeneic HSCT recipients, or patients with significant GVHD receiving immunosuppressive therapy, and patients with chronic severe neutropenia. Treatment should continue until neutropenia is resolved or until resolution of GVHD.<sup>4</sup> NCCN notes that posaconazole has shown activity as a second-line agent against a broad spectrum of invasive fungal infections. The IDSA notes Noxafil as having high-quality evidence for prophylaxis of candidiasis.

The guidelines for prevention and treatment of opportunistic infections in adults and adolescents with human immunodeficiency virus (HIV) infections (last updated April 2022) note Noxafil as an option for treatment of patients with coccidioidomycosis, or histoplasmosis; and as chronic suppressive treatment of esophageal candidiasis.<sup>4</sup>

The NCCN Guidelines for Prevention and Treatment of Cancer-Related Infections (version 1.2022 - June 2, 2022) include Noxafil as one of the antifungal therapies for the following: treatment of mouth and esophageal infections (e.g., oral thrush) refractory to fluconazole; invasive fusariosis; *Scedosporium*

infections; and maintenance treatment of mucormycosis.<sup>5</sup> Noxafil is active against *Candida* and *Aspergillus* species, some *Mucorales spp*, some of the rarer molds, and against dimorphic fungi.

### **POLICY STATEMENT**

Prior Authorization is recommended for prescription benefit coverage of Noxafil (oral). All approvals are provided for the duration noted below. In cases where the approval is authorized in months, 1 month is equal to 30 days.

**Automation:** None.

### **RECOMMENDED AUTHORIZATION CRITERIA**

Coverage of Noxafil is recommended in those who meet one of the following criteria:

#### **FDA-Approved Indications**

1. ***Aspergillus* Infection – Prophylaxis.** Approve for 6 months.
2. ***Aspergillus* Infection – Treatment.** Approve for 3 months.
3. ***Candida* Infection (Systemic) – Prophylaxis.** Approve for 6 months.
4. **Oropharyngeal Candidiasis – Treatment.** Approve for 3 months.

#### **Other Uses with Supportive Evidence**

5. **Fungal Infection (Systemic) in a Patient at Risk of Neutropenia – Prophylaxis.** Approve for 6 months.
6. **Fungal Infection (Systemic) in a Patient with Human Immunodeficiency Virus (HIV) Infection (e.g., Histoplasmosis, Coccidioidomycosis) – Treatment.** Approve for 3 months.
7. **Esophageal Candidiasis in a Patient with Human Immunodeficiency Virus (HIV) Infection – Chronic Suppressive Treatment.** Approve for 6 months.
8. **Fungal Infection (Systemic) that is Susceptible to Noxafil – Treatment.** Approve for 3 months.
9. **Fusariosis, Invasive – Treatment.** Approve for 3 months.
10. **Mouth and Esophageal Infection (Refractory to Other Azole Antifungals) – Treatment.** Approve for 3 months.
11. **Mucormycosis – Maintenance Treatment.** Approve for 6 months.
12. **Patient is Currently Receiving Noxafil.** Approve for 3 months to complete the course of therapy.
13. ***Scedosporium* Infection – Treatment.** Approve for 3 months.

### **CONDITIONS NOT RECOMMENDED FOR APPROVAL**

Coverage of Noxafil (oral) is not recommended in the following situations:

1. Coverage is not recommended for circumstances not listed in the Recommended Authorization Criteria. Criteria will be updated as new published data are available.

### **REFERENCES**

1. Noxafil® intravenous infusion, delayed-release tablets, oral suspension, and delayed-release oral suspension [prescribing information]. Whitehouse Station, NJ: Merck; January 2022.
2. Patterson TF, Thompson GR, Denning DW, et al. Practice guidelines for the diagnosis and management of aspergillosis: 2016 update by the Infectious Diseases Society of America. *Clin Infect Dis*. 2016;63(4):e1-e60.
3. Pappas PG, Kauffman CA, Andes DR, et al. Clinical practice guidelines for the management of candidiasis: 2016 update by the Infectious Diseases Society of America. *Clin Infect Dis*. 2016;62(4):e1-50.
4. Panel on Opportunistic Infections in HIV-Infected Adults and Adolescents. Guidelines for the prevention and treatment of opportunistic infections in HIV-infected adults and adolescents: recommendations from the Centers for Disease Control and Prevention, the National Institutes of Health, and the HIV Medicine Association of the Infectious Diseases Society of America. Available at: <https://clinicalinfo.hiv.gov/sites/default/files/guidelines/documents/adult-adolescent-oi/guidelines-adult-adolescent-oi.pdf>. Accessed on June 15, 2022.
5. The NCCN Prevention and Treatment of Cancer-Related Infections Clinical Practice Guidelines in Oncology (version 1.2022 – June 2, 2022). ©2022 National Comprehensive Cancer Network. Available at: <http://www.nccn.org>. Accessed on June 14, 2022.