



## DEFINITIONS

**QT interval** – a measure of the time between the start of the Q wave and the end of the T wave in the heart's electrical cycle. A prolonged QT interval is a risk factor for ventricular tachyarrhythmia and sudden death.

## POLICY

It is the policy of the Health Plan to maintain a prior authorization process that promotes appropriate utilization of specific drugs with potential for misuse or limited indications. This process involves a review using Food and Drug Administration (FDA) criteria to make a determination of Medical Necessity, as defined in CRM.015-Medical Necessity, and approval by the Pharmacy & Therapeutics Committee of the criteria for prior authorization, as described in RX.003-Prior Authorization Process.

The drug, posaconazole (Noxafil), is subject to the prior authorization process.

## PROCEDURE

### Initial Authorization Criteria:

*Must meet all of the criteria listed under the respective diagnosis:*

- Must be age 13 years or older for oral suspension and oral tablet and age 18 years
- or older for injection
- Must be severely immunocompromised
- Must not be taking terfenadine, astemizole, cisapride, pimozide, halofantrine, or quinidine since this may lead to QTc prolongation and torsades de pointes – this is a contraindication for the use of posaconazole
- Must not be on concomitant therapy with sirolimus (Rapamune)
- For prophylaxis of *Aspergillus* and *Candida* infections
  - Must be severely immunocompromised
  - Must use posaconazole delayed release tablet, oral suspension, or injection
- For treatment of oropharyngeal candidiasis:
  - Must have tried fluconazole and/or itraconazole for at least 2 weeks
  - Must use posaconazole oral suspension

### Reauthorization Criteria:

All prior authorization renewals are reviewed on a case-by-case basis to determine the Medical Necessity for continuation of therapy. Authorization may be extended on a case-by-case basis based upon the above criteria and the prescriber's clinical rationale for continuation or re-treatment.

### Limitations:

Length of Authorization (if above criteria met)	
Initial Authorization	<ul style="list-style-type: none"><li>• Posaconazole delayed release tablets, or oral suspension, or injection for <i>Aspergillus</i> and <i>Candida</i> infections: 4 months</li><li>• Posaconazole oral suspension for treatment of oropharyngeal candidiasis: 1 month</li></ul>



**Noxafil (Posaconazole)**  
**POLICY NUMBER: RX.PA.064.E**  
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**PAGE NUMBER: 3 of 3**

Reauthorization	Case-by-case basis
<b>Quantity Limits</b>	
Noxafil (posaconazole)	93 tablets per 30 days

If the established criteria are not met, the request is referred to a Medical Director for review.

## REFERENCES

1. Noxafil [prescribing information]. Whitehouse Station, NJ: Merck & Co, Inc.; March 2014.

## RECORD RETENTION

Records Retention for Evolent Health documents, regardless of medium, are provided within the Evolent Health records retention policy and as indicated in CORP.028.E Records Retention Policy and Procedure.

## REVIEW HISTORY

DESCRIPTION OF REVIEW / REVISION	DATE APPROVED
<i>Annual Review</i>	<i>02/17, 02/18</i>

