

**NOXAFIL (posaconazole) delayed-release tablets**  
**NOXAFIL (posaconazole) oral suspension**  
**NOXAFIL POWDERMIX (posaconazole) for delayed-release oral suspension**

## **Pre - PA Allowance**

None

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## **Prior-Approval Requirements**

### **Diagnoses**

Patient must have **ONE** of the following:

1. Prophylaxis of invasive *Aspergillus* infection (aspergillosis) or *Candida* infection in a patient who is severely immunocompromised (e.g., post HSCT with GVHD, hematologic malignancies with prolonged neutropenia)  
**AND ONE** of the following:
  - a. **Noxafil PowderMix:** 2 years of age or older **AND** weigh 40kg or less
  - b. **Noxafil delayed-release tablets:** 2 years of age or older **AND** weigh > 40kg
  - c. **Noxafil oral suspension:** 13 years of age or older
2. Treatment of refractory coccidioidomycosis **OR** invasive mucormycosis  
**AND ONE** of the following:
  - a. **Noxafil PowderMix:** 2 years of age or older **AND** weigh 40kg or less
  - b. **Noxafil delayed-release tablets:** 2 years of age or older **AND** weigh > 40kg
  - c. **Noxafil oral suspension:** 13 years of age or older

### **Noxafil oral suspension ONLY:**

1. Treatment of oropharyngeal candidiasis in patients 13 years of age or older

### **Noxafil delayed-release tablets ONLY:**

1. Treatment of invasive *Aspergillus* infection (aspergillosis) in patients 13 years of age or older

### **AND ALL** of the following for **ALL** formulations and indications:

- a. Liver function tests will be monitored during therapy with Noxafil
- b. Prescriber agrees to monitor for QTc prolongation

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**NOXAFIL (posaconazole) oral suspension**  
**NOXAFIL POWDERMIX (posaconazole) for delayed-release oral suspension**

## **Prior - Approval Limits**

### **Duration**

- 3 months for **treatment** of invasive *Aspergillus* infection (aspergillosis)
  - 6 months for **treatment** of oropharyngeal candidiasis
  - 12 months for **prophylaxis** of invasive *Aspergillus* infection (aspergillosis)
  - 12 months for **prophylaxis** of *Candida* infection (candidiasis)
  - 12 months for **treatment** of refractory coccidioidomycosis or invasive mucormycosis
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## **Prior – Approval *Renewal* Requirements**

Same as above

## **Prior - Approval *Renewal* Limits**

Same as above