



Drug/Drug Class:	Systemic Antifungals Clinical Edit
First Implementation Date:	2003
Revised Date:	July 20, 2023
Prepared for:	MO HealthNet
Prepared by:	MO HealthNet/Conduent
Criteria Status:	⊠Existing Criteria □Revision of Existing Criteria □New Criteria

### **Executive Summary**

**Purpose:** Ensure appropriate utilization and control of systemic antifungal therapies

Why Issue Selected:

Systemic antifungals include amphotericin B, various azole derivatives, echinocandins, and flucytosine. The azoles that are available for systemic use can be classified into two groups: the triazoles (fluconazole, itraconazole, voriconazole, posaconazole, and isavuconazole) and the imidazoles (ketoconazole). Azole antifungals inhibit the synthesis of ergosterol, an important component of the fungal cell membrane, to treat chronic mycoses; lowered ergosterol levels result in the breakdown of the fungal membrane. The first azole, ketoconazole, has been supplanted by more effective, less toxic triazoles which are now often recommended as first-line drugs for many invasive fungal infections. These drugs have markedly changed the approach to antifungal therapy.

Brexafemme<sup>®</sup> (ibrexafungerp) was FDA approved in June 2021 for the treatment of adult and post-menarchal pediatric females with vulvovaginal candidiasis (VVC). It represents the first approved drug in a novel antifungal class, the triterpenoids, in more than 20 years and is also the first treatment for VVC that is both oral and non-azole. In November 2022, Brexafemme was also approved to be utilized for reducing the incidence of recurrent vulvovaginal candidiasis (RVVC).

Due to the high cost and specific approved indications, MO HealthNet will impose clinical criteria to ensure appropriate utilization of systemic antifungal therapies.

Program-Specific Information:

Date Range FFS 1-1-2022 to 12-31-2022						
Drug	Claims	Spend	Avg Spend per Claim			
BREXAFEMME 150 MG TABLET	6	\$2,915.95	\$485.99			
CRESEMBA 186 MG CAPSULE	80	\$367,882.89	\$4,598.54			
CRESEMBA 372 MG VIAL	0	ı	•			
NOXAFIL 300 MG POWDERMIX SUSP	0	ı	•			
NOXAFIL 40 MG/ML SUSPENSION	20	\$83,468.62	\$4,173.43			
NOXAFIL DR 100 MG TABLET	107	\$97,627.82	\$912.41			
NOXAFIL 300 MG/16.7 ML VIAL	1	\$716.33	\$716.33			
TOLSURA 65 MG CAPSULE	9	\$24,710.10	\$2,745.57			
VFEND 40 MG/ML SUSPENSION	13	\$5,191.99	\$399.38			

VFEND 50 MG TABLET	26	\$10,761.97	\$413.92
VFEND 200 MG TABLET	141	\$12,959.73	\$91.91
VFEND IV 200 MG VIAL	8	\$2,239.27	\$279.91

Type of ☐ Increased risk of ADE ☐ Preferred Drug List
Criteria: ☐ Appropriate Indications ☐ Clinical Edit

Data Sources: ☐ Only Administrative Databases ☐ Databases + Prescriber-Supplied

## **Setting & Population**

- Drug class for review: Systemic Antifungals
- Age range: All appropriate MO HealthNet participants

## **Approval Criteria**

- Documentation of a severely suppressed immune system OR
- Approval based on Clinical Consultant Review OR
- For Tolsura (itraconazole):
  - Documented trial of generic itraconazole in the past 90 days AND
  - o Documented diagnosis of aspergillosis, blastomycosis, or histoplasmosis
- For Noxafil (posaconazole):
  - o Documented diagnosis of aspergillosis OR
  - Documented diagnosis of appropriate specified candidiasis AND documented trial of generic itraconazole or fluconazole in the past 90 days
  - For Noxafil Powdermix Suspension: Clinical Consultant Review for medical necessity
- For Cresemba (isavuconazonium sulfate): Documented diagnosis of aspergillosis or mucormycosis
- For Vfend (voriconazole):
  - Documented diagnosis of aspergillosis, opportunistic mycoses, or mycosis NOS OR
  - Documented diagnosis of appropriate specified candidiasis AND documented trial of itraconazole or fluconazole in the past 90 days
- For Brexafemme (ibrexafungerp):
  - Acute VVC Treatment:
    - Participant is aged 12 years or older AND
    - Participant is not currently pregnant AND
    - Documented diagnosis of acute VVC AND
    - Documented therapeutic trial of oral fluconazole and at least 1 topical vaginal antifungal therapy for the current episode of VVC (defined as in the past 30 days) AND
    - Quantity limit of 4 tablets per claim and 24 tablets per year
  - RVVC Prophylaxis:
    - Participant is aged 12 years or older AND
    - Participant is not currently pregnant AND
    - Documented diagnosis of RVVC (defined as 3 VVC episodes within previous 12 months)
       AND
    - Documented therapeutic trial of six months of oral fluconazole AND
    - Quantity limit of 4 tablets per claim and 24 tablets per year

### **Denial Criteria**

Therapy will be denied if all approval criteria are not met

Required Documentation						
Laboratory Results: MedWatch Form:		Progress Notes: Other:	X			
Disposition of Edit						
Denial: Exception code Rule type: CE	"0682" (Clinica	al Edit)				

# **Default Approval Period**

90 Days

#### References

- TOLSURA® (itraconazole capsules) [package insert]. Greenville, NC: Mayne Pharma Inc.; June 2020.
- NOXAFIL® (posaconazole) [package insert]. Whitehouse Station, NJ: Merck & Co., Inc.; January 2022.
- CRESEMBA® (isavuconazonium sulfate) [package insert]. Northbrook, IL: Astellas Pharma Inc.; November 2022.
- VFEND® (voriconazole) [package insert]. New York, NY: Pfizer, Inc; October 2022.
- BREXAFEMME (ibrexafungerp tablets) [package insert]. Jersey City, NJ: Scynexis, Inc.; November 2022
- Sanjay G. Revankar. Antifungal Drugs. Merck Manual. <u>Antifungal Drugs Infectious Diseases Merck</u> Manuals Professional Edition. Updated September 2022. Accessed January 26, 2023.
- Holtry, B. Antifungal Agents. <u>Antifungal Agents Anti-Infective Therapy AntiinfectiveMeds.com</u>. Updated December 1, 2020. Accessed February 2, 2022.
- Clinical Pharmacology. Azole Antifungals (systemic). Accessed January 26, 2023.
- IPD Analytics. New Drug Review: Brexafemme (ibrexafungerp tablets). June 2021.
- IPD Analytics. Infectious Disease: Antifungals. Accessed February 2, 2022.
- Pappas P, Kauffman C, Andes D, et al. Clinical Practice Guideline for the Management of Candidiasis: 2016 Update by the Infectious Diseases Society of America, Clinical Infectious Diseases, Volume 62, Issue 4, 15 February 2016, Pages e1–e50, <a href="https://doi.org/10.1093/cid/civ933">https://doi.org/10.1093/cid/civ933</a>
- Centers for Disease Control and Prevention. 2015 Sexually Transmitted Diseases Treatment Guidelines: Vulvovaginal Candidiasis. <u>Vulvovaginal Candidiasis - 2015 STD Treatment Guidelines</u> (cdc.gov). Accessed June 11, 2021.
- IPD Analytics. IPD Analytics Payer and Provider Update: FDA Approves Expanded Indication of Scynexis' Brexafemme for Reduction in Incidence of Recurrent VVC. December 2022.