

Candidas (caspofungin) Policy Number: C9348-A

CRITERIA EFFECTIVE DATES:

ORIGINAL EFFECTIVE DATE	LAST REVIEWED DATE	NEXT REVIEW DATE
7/1/2016	08/1/2019	08/1/2020
J CODE	TYPE OF CRITERIA	LAST P&T APPROVAL
J0637-Inj, caspofungin acetate, 5mg	RxPA	Q3 2018

PRODUCTS AFFECTED:

Candidas (caspofungin)

DRUG CLASS:

Antifungal - Glucan Synthesis Inhibitors (Echinocandins)

ROUTE OF ADMINISTRATION:

Intravenous

PLACE OF SERVICE:

Buy and Bill, Specialty Pharmacy

The recommendation is that medications in this policy will be for medical benefit coverage and administered in a place of service that is a non-hospital facility based location (i.e., home infusion provider, provider's office, free-standing ambulatory infusion center)

AVAILABLE DOSAGE FORMS:

Candidas Vial 50MG, Caspofungin Inj 50MG, Candidas Inj 70MG,

FDA-APPROVED USES:

Empirical Therapy for Presumed Fungal Infections in Febrile, Neutropenic Patients, Treatment of Candidemia and Other Candida Infections, Treatment of Esophageal Candidiasis, Treatment of Invasive Aspergillosis in Patients Who Are Refractory to or Intolerant of Other Therapies

COMPENDIAL APPROVED OFF-LABELED USES: None

COVERAGE CRITERIA: INITIAL AUTHORIZATION**DIAGNOSIS:** FDA approved indications**REQUIRED MEDICAL INFORMATION:****A. FUNGAL INFECTION:**

1. Culture and sensitivity results confirming the fungus is sensitive to the requested medication
AND
2. Documentation of trial and failure of amphotericin B for invasive Aspergillus infection, candidemia for CNS infection, or for empirical treatment of presumed fungal infections in febrile neutropenic patients
AND
3. Documentation of trial and failure of fluconazole for treatment of candidiasis of a urinary tract infection, or for treatment of esophageal candidiasis in neutropenic patients

DURATION OF APPROVAL:

Initial authorization: as clinically appropriate based on indication – up to 6 months, Continuation of Therapy: for up to 6 months as clinically appropriate based on indication

QUANTITY:

MAXIMUM DOSAGE LIMITS: Adults 70 mg/day IV; doses up to 150 mg/day IV have been recommended for cardiovascular infections.

Geriatric 70 mg/day IV; doses up to 150 mg/day IV have been recommended for cardiovascular infections.

Adolescents 70 mg/m²/day IV, not to exceed 70 mg IV.

Children 70 mg/m²/day IV, not to exceed 70 mg IV.

Infants ≥ 3 months: 70 mg/m²/day IV, not to exceed 70 mg IV. < 3 months: Safety and efficacy have not been established; however, doses up to 25 mg/m²/day IV are used off-label.

Neonates Safety and efficacy have not been established; however, doses up to 25 mg/m²/day IV are used off-label.

PRESCRIBER REQUIREMENTS: Prescribed by or in consultation with an infectious disease specialist

AGE RESTRICTIONS:

3 years of age and older

GENDER:

Male and female

CONTINUATION OF THERAPY:

A. FOR ALL INDICATIONS:

1. Infectious disease clinical notes documenting medical necessity for continuation of therapy

CONTRAINDICATIONS/EXCLUSIONS/DISCONTINUATION: All other uses of Cancidas (caspofungin) are considered experimental/investigational and therefore, will follow Molina's Off-Label policy

CANCIDAS is contraindicated in patients with known hypersensitivity (e.g., anaphylaxis) to any component of this product

OTHER SPECIAL CONSIDERATIONS:

Avoid concomitant use of caspofungin with cyclosporine unless the potential benefit outweighs the risk. Coadministration of caspofungin with CYP450 enzyme inducers (such as the rifamycins), or patients with hepatic disease, cholestasis, hepatitis or jaundice may require a dose adjustment of caspofungin.

BACKGROUND:

None

APPENDIX:

None

REFERENCES:

Elsevier Clinical Pharmacology - copyright 2018; DailyMed online; Wolters Kluwer - UpToDate online; IDSA (Infectious Diseases Society of America) online - Practice Guidelines