

Anidulafungin (Eraxis®)

Place of Service

Home Infusion Administration
Hospital Administration
Infusion Center Administration
Office Administration
Outpatient Facility Administration

HCPCS: J0348 per 1 mg

Conditions listed in policy (see criteria for details)

- [Antifungal prophylaxis in cancer patients](#)
- [Candida osteomyelitis or candida septic arthritis](#)
- [Chronic disseminated candidiasis \(hepatosplenic candidiasis\)](#)
- [Esophageal candidiasis](#)
- [Invasive candidiasis/candidemia](#)
- [Intra-abdominal candidiasis](#)
- [Oropharyngeal candidiasis](#)

AHFS therapeutic class: Echinocandins

Mechanism of action: Anidulafungin is a semi-synthetic echinocandin with antifungal activity.

(1) Special Instructions and Pertinent Information

Covered under the Medical Benefit, please submit clinical information for prior authorization review via fax.

(2) Prior Authorization/Medical Review is required for the following condition(s)

All requests for Eraxis® (anidulafungin) for conditions NOT LISTED in section 3 must be sent for clinical review and receive authorization prior to drug administration or claim payment

Antifungal prophylaxis in cancer patients

1. Being used as antifungal prophylaxis for cancer patients at high risk of febrile neutropenia [e.g., due to chemotherapy regimen, AML/MDS patient, undergoing HCST], **AND**
2. Inadequate response, intolerance, or contraindication to fluconazole, voriconazole or posaconazole

Covered Doses

Up to 200 mg IV on day one, followed by 100 mg IV daily

Coverage Period

Up to 2 months of therapy and reassess continued efficacy

ICD-10:

D70.1

Candida osteomyelitis or candida septic arthritis

1. Diagnosis only

Covered Doses

Up to 100 mg IV daily

Coverage Period

2 weeks

ICD-10:

B37.89

Chronic disseminated candidiasis (hepatosplenic candidiasis)

1. Diagnosis only

Covered Doses

Up to 200 mg IV on day one, followed by up to 100 mg IV daily

Coverage Period

Up to 2 months of therapy and reassess for continued efficacy

ICD-10:

B37.7

Esophageal candidiasis

1. Inadequate response, intolerance, or contraindication to fluconazole, OR proven culture resistant to fluconazole

Covered Doses

Up to 200 mg IV on day one, followed by 100 mg IV daily

Coverage Period

Up to 2 months of therapy and reassess continued efficacy

ICD-10:

B37.81

Intra-abdominal candidiasis

1. Diagnosis only (includes peritonitis and pleural space infections)

Covered Doses

Up to 200 mg IV on day one, followed by 100 mg IV daily

Coverage Period

Up to 2 months of therapy and reassess continued efficacy

ICD-10:

B37.9

Oropharyngeal candidiasis

1. Inadequate response, intolerance, contraindication to an azole antifungal (i.e., fluconazole, itraconazole, voriconazole, posaconazole), OR proven culture resistant to an azole antifungal

Covered Doses

Up to 200 mg IV on day one, followed by 100 mg IV daily

Coverage Period

Up to 2 months of therapy and reassess continued efficacy

ICD-10:

B37.0, B37.83

(3) The following condition(s) DO NOT require Prior Authorization/Preservice

All requests for Eraxis® (anidulafungin) for conditions NOT LISTED in section 3 must be sent for clinical review and receive authorization prior to drug administration or claim payment.

Invasive Candidiasis/Candidemia

1. Diagnosis only

Covered Doses

Up to 200 mg IV on day one, followed by up to 100 mg IV daily

Coverage Period

Up to 2 months of therapy and reassess continued efficacy

ICD-10:

B37.7

(4) This Medication is NOT medically necessary for the following condition(s)

Coverage for a Non-FDA approved indication, requires that criteria outlined in Health and Safety Code § 1367.21, including objective evidence of efficacy and safety are met for the proposed indication.

Please refer to the Provider Manual and User Guide for more information.

(5) Additional Information

How supplied:

50 mg, 100 mg (Intravenous powder for solution)

(6) References

- AHFS®. Available by subscription at <http://www.lexi.com>
- Centers for Disease Control and Prevention, National Institutes of Health, HIV Medicine Association of the Infectious Diseases Society of America, et al: Guidelines for Prevention and Treatment of Opportunistic Infections in HIV-Infected Adults and Adolescents: Recommendations from the CDC, the National Institutes of Health, and the HIV Medicine Association of the Infectious Diseases Society of America. MMWR Recomm Rep 2009; 58 (RR4):1-207.
- DrugDex®. Available by subscription at <http://www.micromedexsolutions.com/home/dispatch>
- Eraxis® (anidulafungin) [Prescribing information]. New York, NY: Pfizer Inc.; 9/2020.
- Guidelines for the Prevention and Treatment of Opportunistic Infections in Adults and Adolescents with HIV. Available at: https://clinicalinfo.hiv.gov/sites/default/files/guidelines/documents/Adult_OI.pdf
- National comprehensive cancer network. Prevention and treatment of cancer-related infections (Volume 1.2021). Available at: www.nccn.org/
- Pappas PG, Kauffman CA, Andes DR, et al. Clinical Practice Guideline for the treatment of Candidiasis: 2016 Update by the Infectious Disease Society of America. Clin Infect Dis 2016; 62(4):e1-e50.
- 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.
- Taplitz RA, Kennedy EB, Bow EJ et al. Antimicrobial prophylaxis for adult patients with cancer-related immunosuppression: ASCO and IDSA clinical practice guideline update. J Clin Oncol 2018;36:3043-3054.

(7) Policy Update

Commercial

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Effective: 05/04/2022

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Date of last review: 2Q2022

Date of next review: 2Q2023

Changes from previous policy version:

- No clinical change to policy following routine annual review.

*BSC Drug Coverage Criteria to Determine Medical Necessity
Reviewed by P&T Committee*