

Product Update:

posaconazole 300mg concentrate for solution for infusion (Noxafil[®])
SMC No. (1067/15)

Merck Sharp & Dohme Limited

05 June 2015

The Scottish Medicines Consortium (SMC) has completed its assessment of the above product and advises NHS Boards and Area Drug and Therapeutic Committees (ADTCs) on its use in NHS Scotland. The advice is summarised as follows:

ADVICE: following an abbreviated submission

posaconazole concentrate for solution for infusion (Noxafil[®]) is accepted for use within NHS Scotland.

Indication under review: for use in the treatment of the following fungal infections in adults:

- Invasive aspergillosis in patients with disease that is refractory to amphotericin B or itraconazole or in patients who are intolerant of these medicinal products;
- Fusariosis in patients with disease that is refractory* to amphotericin B or in patients who are intolerant of amphotericin B;
- Chromoblastomycosis and mycetoma in patients with disease that is refractory to itraconazole or in patients who are intolerant of itraconazole;
- Coccidioidomycosis in patients with disease that is refractory to amphotericin B, itraconazole or fluconazole or in patients who are intolerant of these medicinal products.

For prophylaxis of invasive fungal infections (IFI) in the following patients:

- Patients receiving remission-induction chemotherapy for acute myelogenous leukaemia (AML) or myelodysplastic syndromes (MDS) expected to result in prolonged neutropenia and who are at high risk of developing IFI;
- Hematopoietic stem cell transplant (HSCT) recipients who are undergoing high-dose immunosuppressive therapy for graft versus host disease (GVHD) and who are at high risk of developing IFI.

Posaconazole 300mg solution for infusion will generally result in higher plasma concentrations than posaconazole oral suspension and is expected to result in similar plasma concentrations as the tablet formulation. Posaconazole solution for infusion is more expensive than oral preparations. It is intended for patients who are not able to receive an oral formulation, and should be used for the minimum time required. Patients should be switched to an oral formulation of posaconazole as soon as clinically practical.

Advice context:

No part of this advice may be used without the whole of the advice being quoted in full.

This advice represents the view of the Scottish Medicines Consortium and was arrived at after evaluation of the evidence submitted by the company. It is provided to inform the considerations of Area Drug & Therapeutics Committees and NHS Boards in Scotland in determining medicines for local use or local formulary inclusion. This advice does not override the individual responsibility of health professionals to make decisions in the exercise of their clinical judgement in the circumstances of the individual patient, in consultation with the patient and/or guardian or carer.

This assessment is based on data submitted by the applicant company up to and including 18 May 2015.

**Chairman
Scottish Medicines Consortium**