

Effective Date:09/01/2017
Reviewed: 7/2019, 4/2020, 2/2021, 1/2022, 1/2023
Scope: Medicaid

Cresemba (isavuconazonium sulfate) capsules and injection

POLICY

I. CRITERIA FOR APPROVAL

An authorization of 3 months may be granted when all the following criteria are met:

- A. Patient is 18 years or older; AND
- B. Patient is being treated for either invasive aspergillosis or invasive mucormycosis; and
- C. Clinical & laboratory documentation of causative organism(s); and
- D. Patient is under the care of an infectious disease specialist; and
- E. Patient has failed an adequate dose and duration of voriconazole due to inadequate outcome and/or intolerance; or
- F. Patient is continuing Cresemba therapy initiated as inpatient in a hospital setting.

II. QUANTITY LIMIT

- Cresemba 186 capsules: 2 capsules per day

III. COVERAGE DURATION

- 3 months