



Manual Prior Authorization

Cresemba (isavuconazonium sulfate) PA Criteria

What is the patient's diagnosis? ICD-9/10 code(s) plus description:

You must answer ALL of the following questions

1. Yes No -Is the patient 18 years of age or older?
 2. Does the patient have a confirmed fungal infection with one of the following:
 invasive aspergillosis
OR
 invasive mucormycosis
 3. Yes No -Is the prescriber an oncologist/hematologist or infectious disease specialist?
 4. Provide medical justification for long-term therapy of intravenous therapy use and why oral therapy is NOT being used since the intravenous and the oral formulation of isavuconazonium sulfate are bioequivalent.
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Recommended Dosing Regimen and Authorization Limit:

Cresemba 372 mg IV or PO Q8H for 6 doses & then 1 dose QD

Length of benefit: address long term administration of why using intravenous vs. oral formulation

Product Availability: Capsule: 186 mg; Vial: 372 mg

General Information:

- Use in patients with familial short QT syndrome should be avoided.
- Coadministration of strong CYP3A4 inhibitors, such as ketoconazole or high-dose ritonavir (400 mg every 12 hours), with Cresemba is contraindicated because strong CYP3A4 inhibitors can significantly increase the plasma concentration of isavuconazole.
- Coadministration of strong CYP3A4 inducers, such as rifampin, carbamazepine, St. John's wort, or long acting barbiturates with Cresemba is also contraindicated.