



Prior Authorization Criteria

Cresemba (isavuconazonium sulfate) PA Criteria:

Cresemba is an azole antifungal indicated for patients 18 years of age and older for the treatment of invasive aspergillosis and invasive mucormycosis.

Diagnosis: _____ **ICD-10 code(s):** _____

Authorization Criteria:

Yes No Age of patient is within the age range as recommended by the FDA label

AND

One of the following

Yes No Patient has a diagnosis of:

- invasive aspergillosis

OR

- invasive mucormycosis

AND

Yes No Prescriber is an oncologist/hematologist or infectious disease specialist

Note: Fungal cultures and other relevant laboratory studies to identify causative organisms should be obtained prior to initiating empiric antifungal therapy. Once results are available, therapy should be adjusted accordingly

Cresemba Product Availability: 186 mg capsule; 372 mg vial

Recommended dosing:

Loading dose: 2 capsules (372mg) orally or 1 reconstituted vial (372mg) IV every 8 hours for 6 doses (48 hrs)

Maintenance dose: 2 capsules (372mg) or 1 reconstituted vial (372mg) IV orally once daily

Medical justification required 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.

Cresemba (isavuconazonium) may **not** be approved for the following:

- I. Individual has a diagnosis or history of familial short QT syndrome; OR
- II. Use in combination with strong CYP3A4 inhibitors-such as but not limited to, ketoconazole; OR
- III. Use in combination with strong CYP3A4 inducers-such as but not limited rifampin.