

POLICY NAME

Cresemba (isavuconazonium sulfate)

POLICY #

2346P

Criteria

Coverage Criteria for Invasive Aspergillosis

- ☐ Diagnosis of Invasive Aspergillosis
- ☐ Age 1 year or older for injection or age 6 years or older who weigh at least 16 kg for capsules
- ☐ Prescribed by or with an infectious disease doctor
- ☐ Documented failure, intolerance, or contraindication to voriconazole

Coverage Criteria for Invasive Mucormycosis

- ☐ Diagnosis of Invasive Mucormycosis
- ☐ Age 1 year or older for injection or age 6 years or older who weigh at least 16 kg for capsules
- ☐ Prescribed by or with an infectious disease doctor

Exclusion Criteria – Any of the following prevents coverage

- ☐ Use with interacting drugs such as strong CYP3A4 inhibitors or inducers (e.g., aprepitant, bosutinib, bromocriptine, domperidone, eplerenone, etc)