

POLICY NAME	Cresemba (isavuconazonium sulfate)	POLICY #	2346P
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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)