

<b>POLICY NAME</b>	Cresemba (isavuconazonium sulfate)	<b>POLICY #</b>	2346P
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## Criteria

### Coverage Criteria for Invasive Aspergillosis

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

### Coverage Criteria for Invasive Mucormycosis

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

### Exclusion Criteria – Any of the following prevents coverage

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