

Market Applicability															
Market	DC	FL & FHK	FL MMA	FL LTC	GA	KS	KY	LA	MD	NJ	NV	NY	TN	TX	WA
Applicable	X	X	NA	NA	X	NA	X	X	X	X	X	X	NA	NA	X

\*FHK- Florida Healthy Kids

## Cresemba (isavuconazonium)

Override(s)	Approval Duration
Prior Authorization Quantity Limit	1 year

Medications	Quantity Limit
Cresemba (isavuconazonium) 186mg	2 capsules per day
Cresemba 372 mg powder for injection	1 vial per day

Loading dose for invasive aspergillosis and mucormycosis: May approve up to an additional 10 capsules (186 mg) and 5 vials (372 mg) in the first 48 hours of treatment.

Requests for a greater quantity will be reviewed on a case-by-case basis.

### **APPROVAL CRITERIA**

Requests for Cresemba (isavuconazonium) may be approved if the following criteria are met:

- I. Individual is 18 years of age or older;

#### **AND**

- II. One of the following:
  - a. Individual initiated treatment in an inpatient setting and requires continued treatment of invasive aspergillosis or mucormycosis in an outpatient setting;

#### **OR**

- b. Individual has a diagnosis of invasive aspergillosis; **AND**
- c. Individual has had an inadequate response to, is intolerant of, or has a contraindication to voriconazole or liposomal amphotericin B (ATS 2011, IDSA 2008);

#### **OR**

- d. Individual has a diagnosis of invasive mucormycosis; **AND**
- e. Individual has had an inadequate response to is intolerant of, or has a contraindication to amphotericin B (ATS 2001).

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

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Market	DC	FL & FHK	FL MMA	FL LTC	GA	KS	KY	LA	MD	NJ	NV	NY	TN	TX	WA
Applicable	X	X	NA	NA	X	NA	X	X	X	X	X	X	NA	NA	X

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- 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 to, rifampin).

**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.

State Specific Mandates		
N/A	N/A	N/A

**Key References:**

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DrugPoints® System [electronic version]. Truven Health Analytics, Greenwood Village, CO. Updated periodically.

Drug Facts and Comparisons. Facts and Comparisons [database online]. St. Louis, MO: Wolters Kluwer Health, Inc.; 2015. Updated periodically.

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