

Effective Date:09/01/2017
Reviewed: 7/2019, 4/2020, 2/2021, 1/2022, 1/2023, 2/2024, 2/2025, 1/2026
Scope: Medicaid

## **CRESEMBA (isavuconazonium sulfate) capsules and injection**

### **POLICY**

#### **I. CRITERIA FOR APPROVAL**

An authorization of 3 months may be granted when all the following criteria are met:

- A. Member is being treated for either invasive aspergillosis or invasive mucormycosis; and
- B. Member is 1 year and older if the request is for Cresemba injection OR the member is 6 years & older, weighing 16kg or greater if the request is for Cresemba capsules
- C. Clinical & laboratory documentation of causative organism(s); and
- D. Member is under the care of an infectious disease specialist; and
- E. Member has failed an adequate dose and duration of voriconazole due to inadequate outcome and/or intolerance; or
- F. Member is continuing Cresemba therapy initiated as inpatient in a hospital setting.

#### **II. QUANTITY LIMIT**

- Cresemba 74.5mg capsules: 5 capsules per day
- Cresemba 186mg capsules: 2 capsules per day
- A quantity limit exception may be granted if six 186mg or fifteen 74.5mg capsules per day are needed for up to 2 days for loading dose.

#### **III. COVERAGE DURATION**

- 3 months

#### **IV. REFERENCES**

1. Cresemba [package insert]. Northbrook, IL: Astellas Pharma US, Inc.; April 2025.