

Policy Name:	Cresemba (isavuconazonium sulfate)	Policy #:	2346P
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Purpose of the Policy

The purpose of this policy is to establish the criteria for coverage of Cresemba.

Statement of the Policy

Health Alliance Medical Plans and Health Alliance Northwest will approve the use of Cresemba under the specialty pharmacy benefit, when the below criteria are met.

Criteria

1. 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

2. 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

3. Exclusion Criteria

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

4. Approval Period

- 4.1 6 months

CPT Codes

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HCPCS Codes

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References

1. Cresemba [Prescribing Information]. Northbrook, IL: Astellas Pharma US, Inc.; December 2023.
2. Patterson TF, Thompson GR 3rd, Denning DW, et al. Practice Guidelines for the Diagnosis and Management of Aspergillosis: 2016 Update by the Infectious Diseases Society of America. Clin Infect Dis. 2016 Aug 15;63(4):e1-e60.
3. Cornely OA, Alastruey-Izquierdo A, Arenz D, et al; ECMM MSG Global Guideline Writing Group. Global guideline for the diagnosis and management of mucormycosis: an initiative of the European Confederation

of Medical Mycology in cooperation with the Mycoses Study Group Education and Research Consortium.
Lancet Infect Dis. 2019 Dec;19(12):e405-e421.

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DISCLAIMER

This Medical Policy has been developed as a guide for determining medical necessity. The process of medical necessity review also entails review of the most recent literature and physician review. Medical Policy is not intended to dictate to providers how to practice medicine. Providers are expected to exercise their medical judgment in providing the most appropriate care. Health Alliance encourages input from providers when developing and implementing medical policies. Benefit determinations are based on applicable contract language in the member's Policy/ Subscription Certificate/ Summary Plan Description. This Medical Policy does not guarantee coverage. There may be a delay between the revision of this policy and the posting on the web. Please contact the Health Alliance Customer Service Department at 1-800-851-3379 for verification of coverage.