

Commercial/Healthcare Exchange PA Criteria

Effective: October 1, 2020

Prior Authorization: Cresemba

Products Affected: Cresemba® (isavuconazonium sulfate) oral capsule

<u>Medication Description</u>: Isavuconazonium sulfate is a prodrug that is rapidly hydrolyzed in the blood to active isavuconazole. Isavuconazole inhibits the synthesis of ergosterol, a key component of the fungal cell membrane, through the inhibition of cytochrome P-450 dependent enzyme lanosterol 14-alpha-demethylase. This enzyme is responsible for the conversion of lanosterol to ergosterol. An accumulation of methylated sterol precursors and a depletion of ergosterol within the fungal cell membrane weakens the membrane structure and function.

Covered Uses:

- 1. Treatment of invasive aspergillosis in patients 18 years of age or older.
- 2. Treatment of invasive mucormycosis in patients 18 years of age or older.

Exclusion Criteria:

- 1. Known hypersensitivity to isavuconazole.
- 2. Coadministration of strong CYP3A4 inhibitors, such as ketoconazole, high-dose ritonavir (400 mg every 12 hours).
- 3. Coadministration of strong CYP3A4 inducers, such as rifampin, carbamazepine, St. John's wort, or long acting barbiturates.
- 4. Familial short QT syndrome

Required Medical Information:

- 1. Diagnosis
- 2. Previous therapies tried and failed

Age Restrictions: 18 years of age or older

<u>Prescriber Restrictions</u>: Prescribed by, or in consultation with, and infectious disease specialist, transplant physician, hematologist, or oncologist.

Coverage Duration: 3 months

Other Criteria:

Invasive Aspergillosis

- A. Patient has a diagnosis of invasive aspergillosis; AND
- B. Patient has had a fungal culture report showing causative organisms are sensitive to isavuconazonium; AND
- C. Patient has a documented adequate trial of, or has shown an intolerance to, voriconazole.

Invasive Mucormycosis

- A. Patient has a diagnosis of invasive mucomycosis; AND
- B. Patient has had a fungal culture report showing causative organisms are sensitive to isavuconazonium

Last Rev. October 2020



ConnectiCare.

<u>References</u>:

1. Cresemba (isavuconazonium) [prescribing information]. Northbrook, IL: Astellas Pharma US Inc; September 2020.

Policy Revision history

Rev #	Type of Change	Summary of Change	Sections Affected	Date
1	New Policy	New Policy	All	10/1/2020



