Medical Policy:
CRESEMBA® (isavuconazonium sulfate)

POLICY NUMBER	LAST REVIEW	ORIGIN DATE
MG.MM.PH.209	January 3, 2023	April 6, 2020

Definition

Cresemba (isavuconazonium sulfate) is the prodrug of isavuconazole, an azole antifungal. Isavuconazole weakens the fungal cell membrane structure and function by inhibiting lanosterol 14-alpha-demethylase which prevents the conversion to ergosterol, part of the fungal cell membrane. Mammalian cells are less sensitive to isavuconazole inhibition of demethylation.

Length of Authorization

NOT COVERED for our Medicaid Line of Business

Coverage will be provided for three months and may be renewed.

Dosing Limits [Medical Benefit]

Max Units (per dose and over time):

1. 11,904 billable units per 28 days

Guideline

I. Initial Approval Criteria

NOT COVERED *for our Medicaid Line of Business*
Cresemba *may be considered medically necessary if one of the below conditions are met* ***AND*** *use is consistent with the medical necessity criteria that follows:*

1. Member must be 18 years of age and older; **AND**
2. Specimens for fungal culture and other relevant laboratory studies (including histopathology) to isolate and identify causative organism(s) should be obtained prior to initiating antifungal therapy. Therapy may be instituted before the results of the cultures and other laboratory studies are known. However, once these results become available, antifungal therapy should be adjusted accordingly; **AND**
3. Member must have a diagnosis of:
   a. **Invasive Aspergillosis; OR**
   b. **Invasive Mucormycosis**

Limitations/Exclusions

Cresemba® (isavuconazonium sulfate) is not considered medically necessary for when any of the following selection criteria is met:

1. Member is less than 18 years of age
2. Disease progression while on Cresemba® (isavuconazonium sulfate).
3. Indications not supported by CMS recognized compendia or acceptable peer reviewed literature may be deemed as not approvable and therefore not reimbursable.
4. Cresemba is contraindicated in persons with known hypersensitivity to isavuconazole.
5. Coadministration of strong CYP3A4 inhibitors, such as ketoconazole or high-dose ritonavir (400 mg every 12 hours), with Cresemba is contraindicated because strong CYP3A4 inhibitors can significantly increase the plasma concentration of isavuconazole
6. Coadministration of strong CYP3A4 inducers, such as rifampin, carbamazepine, St. John's wort, or long acting barbiturates with Cresemba is contraindicated because strong CYP3A4 inducers can significantly decrease the plasma concentration of isavuconazole
7. Cresemba shortened the QTc interval in a concentration-related manner. Cresemba is contraindicated in patients with familial short QT syndrome

II. Renewal Criteria

1. Patient continues to meet INITIAL APPROVAL CRITERIA.

Dosage/Administration

Indication	Dose
CRESEMBA for Injection 372 mg† of isavuconazonium sulfate per vial	**Loading Dose:** 1 reconstituted vial (372 mg†) intravenously every 8 hours for 6 doses (48 hours) **Maintenance Dose:** 1 reconstituted vial (372 mg†) intravenously once daily

Applicable Procedure Codes

Code	Description
J1833	Injection, isavuconazonium sulfate, 1 mg

Applicable NDCs

Code	Description
00469-0420-99	CRESEMBA 372MG Solution Reconstituted

ICD-10 Diagnoses

Code	Description
B44.0	Invasive pulmonary aspergillosis
B44.1	Other pulmonary aspergillosis
B44.2	Tonsillar aspergillosis
B44.7	Disseminated aspergillosis
B44.89	Other forms of aspergillosis
B44.9	Aspergillosis, unspecified
B46.0	Pulmonary mucormycosis
B46.1	Rhinocerebral mucormycosis
B46.2	Gastrointestinal mucormycosis
B46.3	Cutaneous mucormycosis
B46.4	Disseminated mucormycosis
B46.5	Mucormycosis, unspecified
B46.8	Other zygomycoses
B46.9	Zygomycosis, unspecified

Revision History

Company(ies)	DATE	REVISION
EmblemHealth & ConnectiCare	01/01/2023	Removed coverage from our Medicaid population.
EmblemHealth & ConnectiCare	4/08/2022	Transferred policy to new template
EmblemHealth & ConnectiCare	04/06/2020	New Medical Policy per FDA Label

References

1. Product Information: CRESEMBA(R) oral capsules, intravenous injection, isavuconazonium sulfate oral capsules, intravenous injection. Astellas Pharma US (per FDA), Northbrook, IL, 2015
2. Patterson TF, Thompson GR, 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; 63(4):e1-e60.

PubMed Abstract: http://www.ncbi.nlm.nih.gov/

PubMed Article: http://www.ncbi.nlm.nih.gov/

3. Product Information: CRESEMBA(R) oral capsules, intravenous injection, isavuconazonium sulfate oral capsules, intravenous injection. Astellas Pharma US Inc (per FDA), Northbrook, IL, 2019.