Division: Pharmacy Policy	Subject: Prior Authorization Criteria
Original Development Date: Original Effective Date: Revision Date:	March 22, 2022 November 13, 2024

Cresemba® (isavuconazonium sulfate)

LENGTH OF AUTHORIZATION: Up to one year

REVIEW CRITERIA:

- Patient must be ≥ 1 year of age for Cresemba for injection or ≥ 6 years of age who weigh ≥ 16 kg for Cresemba capsules.
- Prescribed by or in consultation with an infectious disease specialist.
- Patient must have a diagnosis of invasive aspergillosis or invasive mucormycosis.
- Recent (within 60 days) fungal culture and sensitivity (C&S) results.

DOSING AND ADMINISTRATION:

- Refer to product labeling at https://www.accessdata.fda.gov/scripts/cder/daf/
- Available as the following:
  - Cresemba for injection: 372 mg of isavuconazonium sulfate lyophilized powder single-dose vial (equivalent to 200 mg of isavuconazole)
  - Cresemba capsules: 74.5 mg of isavuconazonium sulfate (equivalent to 40 mg of isavuconazole) and 186 mg of isavuconazonium sulfate (equivalent to 100 mg of isavuconazole)