STANDARD COMMERCIAL DRUG FORMULARY
PRIOR AUTHORIZATION GUIDELINES

ISAVUCONAZONIUM

Generic	Brand	HICL	GCN	Medi-Span	Exception/Other
ISAVUCONAZONIUM SULFATE	CRESEMBA		38095 54696	GPI-14 (11407030100120, 11407030100105)	

GUIDELINES FOR USE

1. Is this request for continuation of therapy after the patient was started on Cresemba in the hospital?

   If yes, **approve for 6 months by GPID or GPI-14 for the requested strength as follows:**
   - **74.5 mg: #150 per 30 days.**
   - **186 mg: #60 per 30 days.**

   If no, continue to #2.

2. Does the patient have a diagnosis of invasive aspergillosis and meet **ALL** of the following criteria?
   - The patient is 18 years of age or older
   - Therapy is prescribed by or in consultation with an infectious disease specialist
   - The patient had a trial and failure of or contraindication to voriconazole

   If yes, **approve for 6 months total by GPID or GPI-14 for the requested strength as follows:**
   INITIAL REQUESTS:
   - **FIRST APPROVAL: Approve for 1 month with a quantity limit as follows:**
     - **74.5 mg: #170 per 30 days for 1 fill.**
     - **186 mg: #68 per 30 days for 1 fill.**
   - **SECOND APPROVAL: Approve for 5 months with a quantity limit as follows (enter a start date of 3 days before the end date of the first approval):**
     - **74.5 mg: #150 per 30 days.**
     - **186 mg: #60 per 30 days.**

   SUBSEQUENT REQUESTS:
   - **Approve for 6 months for the requested strength with a quantity limit as follows:**
     - **74.5 mg: #150 per 30 days.**
     - **186 mg: #60 per 30 days.**

   If no, continue to #3.

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GUIDELINES FOR USE (CONTINUED)

3. Does the patient have a diagnosis of invasive mucormycosis and meet **ALL** of the following criteria?
   - The patient is 18 years of age or older
   - Therapy is prescribed by or in consultation with an infectious disease specialist

   If yes, **approve for 6 months total by GPID or GPI-14 for the requested strength as follows:**
   INITIAL REQUESTS:
   - **FIRST APPROVAL: Approve for 1 month with a quantity limit as follows:**
     - **74.5 mg: #170 per 30 days for 1 fill.**
     - **186 mg: #68 per 30 days for 1 fill.**
   - **SECOND APPROVAL: Approve for 5 months with a quantity limit as follows (enter a start date of 3 days before the end date of the first approval):**
     - **74.5 mg: #150 per 30 days.**
     - **186 mg: #60 per 30 days.**

   SUBSEQUENT REQUESTS:
   - **Approve for 6 months for the requested strength with a quantity limit as follows:**
     - **74.5 mg: #150 per 30 days.**
     - **186 mg: #60 per 30 days.**

   If no, do not approve.

   DENIAL TEXT: *Some terms are already pre-defined in parenthesis. Please use these definitions if the particular text you need to use does not already have definition(s) in it.

   Our guideline named **ISAVUCONAZONIUM (Cresemba)** requires the following rule(s) be met for approval:
   A. You meet **ONE** of the following:
      1. This is a request for continuation of therapy after you were started on Cresemba in the hospital
      2. You have invasive aspergillosis (a type of fungal infection)
      3. You have invasive mucormycosis (a type of fungal infection)
   B. You are 18 years of age or older
   C. Therapy is prescribed by or in consultation with an infectious disease specialist (a doctor who specializes in the treatment of infections)
   D. **If you have invasive aspergillosis, approval also requires:**
      1. You had a trial and failure of or contraindication (harmful for) to voriconazole

   Your doctor told us [INSERT PT SPECIFIC INFO PROVIDED]. We do not have information showing you [INSERT UNMET CRITERIA]. This is why your request is denied. Please work with your doctor to use a different medication or get us more information if it will allow us to approve this request.

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RATIONALE

For further information, please refer to the Prescribing Information and/or Drug Monograph for Cresemba.

REFERENCES

- Cresemba [Prescribing Information]. Northbrook, IL: Astellas Pharma US, Inc., November 2022.

Library	Commercial	NSA
Yes	Yes	No

Part D Effective: N/A
Commercial Effective: 10/09/23
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P&T Approval: 04/21