

Medical Policy: CRESEMBA® (isavuconazonium sulfate)

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

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The treating physician or primary care provider must submit to EmblemHealth, or ConnectiCare, as applicable (hereinafter jointly referred to as “EmblemHealth”), the clinical evidence that the member meets the criteria for the treatment or surgical procedure. Without this documentation and information, EmblemHealth will not be able to properly review the request preauthorization or post-payment review. The clinical review criteria expressed below reflects how EmblemHealth determines whether certain services or supplies are medically necessary. This clinical policy is not intended to pre-empt the judgment of the reviewing medical director or dictate to health care providers how to practice medicine. Health care providers are expected to exercise their medical judgment in rendering appropriate care. Health care providers are expected to exercise their medical judgment in rendering appropriate care.

EmblemHealth established the clinical review criteria based upon a review of currently available clinical information (including clinical outcome studies in the peer reviewed published medical literature, regulatory status of the technology, evidence-based guidelines of public health and health research agencies, evidence-based guidelines and positions of leading national health professional organizations, views of physicians practicing in relevant clinical areas, and other relevant factors). EmblemHealth expressly reserves the right to revise these conclusions as clinical information changes and welcomes further relevant information. Each benefit program defines which services are covered. The conclusion that a particular service or supply is medically necessary does not constitute a representation or warranty that this service or supply is covered and/or paid for by EmblemHealth, as some programs exclude coverage for services or supplies that EmblemHealth considers medically necessary.

If there is a discrepancy between this guideline and a member's benefits program, the benefits program will govern. Identification of selected brand names of devices, tests and procedures in a medical coverage policy is for reference only and is not an endorsement of any one device, test or procedure over another. In addition, coverage may be mandated by applicable legal requirements of a state, the Federal Government or the Centers for Medicare & Medicaid Services (CMS) for Medicare and Medicaid members. All coding and web site links are accurate at time of publication.

EmblemHealth may also use tools developed by third parties, such as the MCG™ Care Guidelines, to assist us in administering health benefits. The MCG™ Care Guidelines are intended to be used in connection with the independent professional medical judgment of a qualified health care provider and do not constitute the practice of medicine or medical advice. EmblemHealth Services Company, LLC, has adopted this policy in providing management, administrative and other services to EmblemHealth Plan, Inc., EmblemHealth Insurance Company, EmblemHealth Services Company, LLC, and Health Insurance Plan of Greater New York (HIP) related to health benefit plans offered by these entities. ConnectiCare, an EmblemHealth company, has also adopted this policy. All of the aforementioned entities are affiliated companies under common control of EmblemHealth Inc.

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.