

**CRESEMBA (isavuconazonium, oral)**

**Diagnoses Considered for Coverage:**

- Treatment of invasive aspergillosis infection
- Treatment of invasive mucormycosis infection

**Coverage Criteria:**

**For treatment of invasive aspergillosis:**

- Patient has a CURRENT blood or tissue culture positive for Aspergillosis, **and**
- Patient is not a candidate for treatment with voriconazole, **and**
- Dose does not exceed 372 mg per day.

**For treatment of invasive mucormycosis:**

- Being prescribed by a doctor specializing in infectious disease, **and**
- Patient has culture positive for mucormycosis pathogens, **and**
- Dose does not exceed 372 mg per day.

**Coverage Duration:**

Aspergillosis: 3 months

Mucormycosis: 6 months

Effective Date: 09/27/2023