PRIOR AUTHORIZATION POLICY

POLICY: Antifungals – Cresemba (Oral) Prior Authorization Policy
- Cresemba® (isavuconazonium sulfate capsules – Astellas Pharma)

REVIEW DATE: 07/26/2023

INSTRUCTIONS FOR USE

THE FOLLOWING COVERAGE POLICY APPLIES TO HEALTH BENEFIT PLANS ADMINISTERED BY CIGNA COMPANIES. CERTAIN CIGNA COMPANIES AND/OR LINES OF BUSINESS ONLY PROVIDE UTILIZATION REVIEW SERVICES TO CLIENTS AND DO NOT MAKE COVERAGE DETERMINATIONS. REFERENCES TO STANDARD BENEFIT PLAN LANGUAGE AND COVERAGE DETERMINATIONS DO NOT APPLY TO THOSE CLIENTS. COVERAGE POLICIES ARE INTENDED TO PROVIDE GUIDANCE IN INTERPRETING CERTAIN STANDARD BENEFIT PLANS ADMINISTERED BY CIGNA COMPANIES. PLEASE NOTE, THE TERMS OF A CUSTOMER'S PARTICULAR BENEFIT PLAN DOCUMENT [GROUP SERVICE AGREEMENT, EVIDENCE OF COVERAGE, CERTIFICATE OF COVERAGE, SUMMARY PLAN DESCRIPTION (SPD) OR SIMILAR PLAN DOCUMENT] MAY DIFFER SIGNIFICANTLY FROM THE STANDARD BENEFIT PLANS UPON WHICH THESE COVERAGE POLICIES ARE BASED. FOR EXAMPLE, A CUSTOMER'S BENEFIT PLAN DOCUMENT MAY CONTAIN A SPECIFIC EXCLUSION RELATED TO A TOPIC ADDRESSED IN A COVERAGE POLICY. IN THE EVENT OF A CONFLICT, A CUSTOMER'S BENEFIT PLAN DOCUMENT ALWAYS SUPERSEDES THE INFORMATION IN THE COVERAGE POLICIES. IN THE ABSENCE OF A CONTROLLING FEDERAL OR STATE COVERAGE MANDATE, BENEFITS ARE ULTIMATELY DETERMINED BY THE TERMS OF THE APPLICABLE BENEFIT PLAN DOCUMENT. COVERAGE DETERMINATIONS IN EACH SPECIFIC INSTANCE REQUIRE CONSIDERATION OF 1) THE TERMS OF THE APPLICABLE BENEFIT PLAN DOCUMENT IN EFFECT ON THE DATE OF SERVICE; 2) ANY APPLICABLE LAWS/REGULATIONS; 3) ANY RELEVANT COLLATERAL SOURCE MATERIALS INCLUDING COVERAGE POLICIES AND; 4) THE SPECIFIC FACTS OF THE PARTICULAR SITUATION. COVERAGE POLICIES RELATE EXCLUSIVELY TO THE ADMINISTRATION OF HEALTH BENEFIT PLANS. COVERAGE POLICIES ARE NOT RECOMMENDATIONS FOR TREATMENT AND SHOULD NEVER BE USED AS TREATMENT GUIDELINES. IN CERTAIN MARKETS, DELEGATED VENDOR GUIDELINES MAY BE USED TO SUPPORT MEDICAL NECESSITY AND OTHER COVERAGE DETERMINATIONS.

CIGNA NATIONAL FORMULARY COVERAGE:

OVERVIEW

Cresemba, an azole antifungal, is indicated in adults for the following uses:[1]
- **Invasive aspergillosis.**
- **Invasive mucormycosis.**

Cresemba is also available for use as an intravenous (IV) infusion.[1] Switching between the IV and oral formulation is acceptable as the two formulations are bioequivalent. Patients are typically transitioned from the IV formulation to the oral formulation while in the hospital or upon discharge. In the pivotal study involving patients with invasive aspergillosis, patients were initiated on IV Cresemba before transitioning to oral Cresemba therapy. The mean treatment duration was 47 days, of which patients received IV Cresemba for 8 to 9 days. In an open-label, non-comparative study that included a subset of patients with invasive mucormycosis, patients were treated with either IV or oral Cresemba. The median duration of Cresemba therapy was 102 days for patients classified as primary, 33 days for refractory, and 85 days for intolerant.

Guidelines/Recommendations

The Infectious Diseases Society of America (IDSA) [2016] recommends Cresemba as a treatment option for invasive aspergillosis and different invasive syndromes of *Aspergillus* (e.g., invasive pulmonary aspergillosis, invasive sinus aspergillosis,

aspergillosis of the central nervous system).[2] Treatment of invasive aspergillosis should be continued for a minimum of 6 to 12 weeks, depending on the degree and duration of immunosuppression, site of disease, and evidence of disease improvement.

Other Uses with Supportive Evidence

The National Comprehensive Cancer Network (NCCN) Prevention and Treatment of Cancer-Related Infections (version 1.2023 – June 28, 2023) notes that use of Cresemba may be considered for patients who have invasive or refractory aspergillosis or mucormycosis or who have intolerance to amphotericin B formulations.[3] NCCN also notes Cresemba as a treatment option for the prevention of fungal infections in patients with significant graft-versus-host disease (GVHD) [especially grade 3/4] who are receiving immunosuppressive therapy; treatment should continue until resolution of significant GVHD. Cresemba is also a treatment option for these groups of patients with neutropenia: patients with myelodysplastic syndrome, patients with acute myeloid leukemia, and patients who are allogeneic hematopoietic cell transplant recipients; treatment should continue until resolution of neutropenia.

The guidelines for prevention and treatment of opportunistic infections in adults and adolescents with human immunodeficiency virus (HIV) infections (last updated June 2023) note Cresemba as a treatment option for patients with HIV and esophageal candidiasis.[4]

POLICY STATEMENT

Prior Authorization is recommended for prescription benefit coverage of Cresemba capsules. All approvals are provided for the duration noted below. In cases where the approval is authorized in months, 1 month is equal to 30 days.

- **Cresemba® (isavuconazonium sulfate capsules (Astellas Pharma) is(are) covered as medically necessary when the following criteria is(are) met for fda-approved indication(s) or other uses with supportive evidence (if applicable):**

FDA-Approved Indications

1. ***Aspergillus* Infection – Treatment.** Approve for 3 months.

2. **Mucormycosis – Treatment.** Approve for 3 months.

Other Uses with Supportive Evidence

3. **Candidiasis (Systemic) in a Patient with Human Immunodeficiency Virus (HIV) Infection – Treatment.** Approve for 3 months.

4. **Fungal Infection (Systemic) in a Patient With Cancer and Neutropenia – Prophylaxis.** Approve for 6 months.
   Note: Examples of cancers predisposing neutropenic patients to risk of fungal infections include: myelodysplastic syndrome, acute myeloid leukemia, patients post-allogeneic hematopoietic cell transplant.

5. **Fungal Infection (Systemic) in a Patient with Graft-versus-Host Disease – Prophylaxis**. Approve for 6 months.

6. **Fungal Infection (Systemic) That Is Susceptible to Cresemba – Treatment.** Approve for 3 months.

7. **Patient is Currently Receiving Cresemba.** Approve for 3 months to complete the course of therapy.

CONDITIONS NOT COVERED

- **Cresemba® (isavuconazonium sulfate capsules (Astellas Pharma) is(are) considered experimental, investigational or unproven for ANY other use(s).**

REFERENCES

1. Cresemba® capsules [prescribing information]. Northbrook, IL: Astellas Pharma; November 2022.
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.
3. The NCCN Prevention and Treatment of Cancer-Related Infections Clinical Practice Guidelines in Oncology (version 1.2023 – June 28, 2023). ©2023 National Comprehensive Cancer Network. Available at: http://www.nccn.org. Accessed on July 13, 2023.
4. Panel on Opportunistic Infections in HIV-Infected Adults and Adolescents. Guidelines for the prevention and treatment of opportunistic infections in HIV-infected adults and adolescents: recommendations from the Centers for Disease Control and Prevention, the National Institutes of Health, and the HIV Medicine Association of the Infectious Diseases Society of America. Available at: https://clinicalinfo.hiv.gov/sites/default/files/guidelines/documents/adult-adolescent-oi/guidelines-adult-adolescent-oi.pdf. Last updated June 14, 2023. Accessed on July 13, 2023.

HISTORY

Type of Revision	Summary of Changes	Review Date
Annual Revision	**Candidiasis (Systemic) in a Patient with Human Immunodeficiency Virus (HIV) Infection – Treatment:** This condition of approval was added to the Other Uses with Supportive Evidence section based on Guidelines for prevention/treatment of opportunistic infections in HIV-infected adults and adolescents. **Fungal Infection (Systemic) in A Patient at Risk of Neutropenia – Prophylaxis:** This condition of approval was added to the Other Uses with Supportive Evidence section based on National Comprehensive Cancer Network (NCCN) guideline updates.	06/29/2022

	Patient is Currently Receiving Cresemba: This was revised from "Patient Currently Receiving Intravenous Cresemba or Oral Cresemba Capsules".	
Annual Revision	**Fungal Infection (Systemic) in a Patient with Graft-versus-Host Disease – Prophylaxis:** This condition of approval was added to the policy. **Fungal Infection (Systemic) in a Patient with Cancer and Neutropenia – Prophylaxis:** This indication was previously worded as "Fungal Infection (Systemic) in a Patient At Risk of Neutropenia – Prophylaxis" and was revised to align with NCCN. Examples of cancer predisposing neutropenic patients to risk of fungal infections were added as a Note.	07/26/2023

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