



Pre - PA Allowance

None

Prior-Approval Requirements

Age IV injection: 1 year of age or older
Injection via nasogastric (NG) tube: 6 years of age or older **AND** weight \geq 16 kg
Oral capsules: 6 years of age or older **AND** weight \geq 16 kg

Diagnoses

Patient must have **ONE** of the following:

1. Invasive Aspergillosis
2. Invasive Mucormycosis

AND ALL of the following:

1. Laboratory and clinical documentation of causative organism(s)
2. Baseline liver function tests and monitored during the course of treatment with adjustment in dosing dependent on severity of liver function

Prior - Approval Limits

Cresemba IV

Quantity 94 vials
Duration 3 months

Cresemba Oral

Strength	Quantity
74.5 mg	470 capsules OR
186 mg	188 capsules

Duration 3 months

Prior – Approval *Renewal* Requirements

Age IV injection: 1 year of age or older
Injection via nasogastric (NG) tube: 6 years of age or older **AND** weight \geq 16 kg
Oral capsules: 6 years of age or older **AND** weight \geq 16 kg

Diagnoses



Patient must have **ONE** of the following

1. Invasive Aspergillosis
2. Invasive Mucormycosis

AND the following:

1. Liver function tests monitored during the course of treatment with adjustment in dosing dependent on severity of liver function

Prior - Approval *Renewal* Limits

Cresemba IV

Quantity 90 vials
Duration 3 months (One renewal only)

Cresemba Oral

Strength	Quantity
74.5 mg	450 capsules OR
186 mg	180 capsules

Duration 3 months (One renewal only)