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Clinical Expert Summary Isavuconazole (Cresemba[®]) 100 mg hard capsules, 200 mg powder for concentrate for solution for infusion

Isavuconazole (Cresemba[®]) for the treatment of invasive aspergillosis in adults and the treatment of mucormycosis in adult patients for whom amphotericin B is inappropriate.

1. Existing guidelines

Reference was made to local guidelines; most centres have a targeted approach to treating fungal infections, using clinical features, serological and molecular testing, and CT imaging. One expert referred to the European Society of Clinical Microbiology and Infectious Diseases (ESCMID) guidelines and the guidelines of the Infectious Diseases Society of America. One expert said that patients at risk of aspergillosis usually have prophylaxis with an azole antifungal or liposomal amphotericin B, if appropriate; and that similar medicines are used to treat invasive aspergillosis, usually voriconazole and liposomal amphotericin B (AmBisome[®]).

2. Disease prevalence/incidence

One expert said that proven aspergillosis is uncommon in haematology patients, but that suspected infection is relatively common. About 20 patients per year are prescribed voriconazole or posaconazole for this indication in one haematology department. One expert highlighted that fungal infections had not been a major problem in their area; they said they had seen the odd patient with invasive aspergillosis and one patient with mucormycosis.

3. Current treatment options

Experts said that voriconazole is probably the most commonly used current treatment, with liposomal amphotericin B and posaconazole as alternatives. One expert said that voriconazole and liposomal amphotericin B are used to treat invasive aspergillosis, with oral step-down to voriconazole or posaconazole. One expert referred to a case of invasive aspergillosis managed with caspofungin followed by oral voriconazole although another said that caspofungin is only licensed for second-line or salvage therapy. One expert said that caspofungin is sometimes used as empirical therapy for febrile neutropenia, or sometimes used second-line.

Experts said that liposomal amphotericin B is the only current treatment for mucormycosis. One said that the current treatment for mucormycosis was AmBisome [liposomal amphotericin B] followed by step-down to oral posaconazole (used off-licence), in accordance with the ESCMID guidelines. For people with mucormycosis for whom amphotericin B is inappropriate, the only treatment option is posaconazole (used off-licence).

4. Unmet needs

Experts said that treating mucormycosis is particularly difficult and for patients for whom amphotericin B is inappropriate, the only alternative is posaconazole (used off-licence). One expert suggested that it would be preferable to have another option for the treatment of invasive fungal infections.

5. Knowledge of product in given indication

One expert said that isavuconazole would probably be a third-line option in treating aspergillosis, and a first-line alternative to liposomal amphotericin B (AmBisome) in mucormycosis.

It should be noted that one expert(s) involved in compiling this response declared a personal specific interest in relation to isavuconazole for the indication under consideration.