

# **Commercial/Healthcare Exchange PA Criteria**

Effective: June 3, 2020

#### Prior Authorization: Pretomanid

**Products Affected:** Pretomanid oral tablets

<u>Medication Description</u>: Pretomanid is a nitroimidazooxazine antimycobacterial drug. Pretomanid is indicated as part of a combination regimen with bedaquiline and linezolid for the treatment of adults with pulmonary extensively drug resistant (XDR), treatment-intolerant or nonresponsive multidrug-resistant (MDR) tuberculosis (TB).

*Covered Uses:* Treatment of adults with pulmonary extensively drug resistant (XDR) or treatment-intolerant or nonresponsive multidrug-resistant (MDR) tuberculosis (TB), in combination with bedaquiline and linezolid.

### Exclusion Criteria:

- 1. Drug-sensitive tuberculosis
- 2. MDR-TB that is not treatment-intolerant or nonresponsive to standard therapy
- 3. Latent infection due to Mycobacterium tuberculosis
- 4. Extra-pulmonary infection due to Mycobacterium tuberculosis

## <u>**Required Medical Information:**</u>

- 1. Diagnosis
- 2. Previous medications tried and failed
- 3. Current medication regimen

Age Restrictions: 18 years of age or older

Prescriber Restrictions: Prescribed by, or in consultation with, an infectious disease specialist

#### Coverage Duration: 26 weeks

## Other Criteria:

- A. Patient has a diagnosis of multidrug-resistant (MDR) tuberculosis (TB); AND
- B. Patient is resistant to isoniazid and rifampin, plus any fluoroquinolone, and at least one of three injectable secondline drugs (i.e., amikacin, kanamycin, or capreomycin); AND
- C. Patient is using in combination with Sirturo® (bedaquiline) and linezolid

#### <u>References</u>:

- 1. Pretomanid [package insert]. New York, NY: The Global Alliance for TB Drug Development; 2019
- 2. Pretomanid. Lexi-Drugs. Lexicomp. Wolters Kluwer Health, Inc. Riverwoods, IL. Available at: http://online.lexi.com. Accessed May 19,2020
- 3. Micromedex® Healthcare Series; Thomson Micromedex, Greenwood Village, Co. 2019.





# Policy Revision history:

Rev #	Type of Change	Summary of Change	Sections Affected	Date
1	New Policy	New Policy	All	6/3/2020



Last Res.June 2020