

Market Applicability							
Market	DC	GA	KY	MD	NJ	NY	WA
Applicable	X	X	X	X	X	X	NA

Pretomanid

Override(s)	Approval Duration
Prior Authorization	1 year

Medications
Pretomanid tablets

APPROVAL CRITERIA

Requests for pretomanid may be approved if the following criteria are met:

- I. Individual has a diagnosis of pulmonary extensively drug-resistant tuberculosis (XDR-TB);
OR
 - II. Individual has a diagnosis of pulmonary multidrug-resistant tuberculosis (MDR-TB) that is treatment-intolerant or nonresponsive to standard therapy;
- AND**
- III. Individual is using pretomanid in combination with Sirturo (bedaquiline) and linezolid.

Requests for pretomanid may not be approved for the following:

- I. Latent infection due to *Mycobacterium tuberculosis*; **OR**
- II. Drug-sensitive tuberculosis; **OR**
- III. Extra-pulmonary tuberculosis; **OR**
- IV. Infections caused by non-tuberculosis mycobacteria.

Key References:

1. DailyMed. Package inserts. U.S. National Library of Medicine, National Institutes of Health website. <http://dailymed.nlm.nih.gov/dailymed/about.cfm>. Accessed: October 6, 2019.
2. DrugPoints® System [electronic version]. Truven Health Analytics, Greenwood Village, CO. Updated periodically.
3. Lexi-Comp ONLINE™ with AHFS™, Hudson, Ohio: Lexi-Comp, Inc.; 2019; Updated periodically.

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This policy does not apply to health plans or member categories that do not have pharmacy benefits, nor does it apply to Medicare. Note that market specific restrictions or transition-of-care benefit limitations may apply.

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4. Schluger NW, Heysell SK, Friedland G. Treatment of drug-resistant pulmonary tuberculosis in adults. Last updated: September 18, 2019. In: UpToDate, Post TW (Ed), UpToDate, Waltham, MA. Accessed: October 7, 2019.
5. World Health Organization. WHO consolidated guidelines on drug-resistant tuberculosis treatment. 2019. Available at: <https://apps.who.int/iris/bitstream/handle/10665/311389/9789241550529-eng.pdf?ua=1>. Accessed: October 6, 2019.

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