

UTAH DEPARTMENT OF HEALTH, PRIOR AUTHORIZATION

SIRTURO (bedaquiline)

Patient name: _____ Medicaid ID #: _____

Prescriber Name: _____ Prescriber NPI#: _____ Contact person: _____

Prescriber Phone#: _____ Extension/Option: _____ Fax#: _____

Pharmacy: _____ Pharmacy Phone#: _____ Pharmacy Fax #: _____

Requested Medication: _____ Strength: _____ Frequency/Day: _____

All information to be legible, complete and correct or form will be returned

**FAX DOCUMENTATION FROM PROGRESS NOTES
AND THIS COMPLETED FORM TO 855-828-4992**

NOTES:

- Sirturo is not FDA-approved to treat latent or extra-pulmonary tuberculosis (TB).
- Sirturo is FDA-approved for adjunctive treatment of multi-drug resistant TB, not for drug-sensitive TB.
- Sirturo must be used in combination with at least 3 other agents that are active against the patient's specific TB isolate.
 - If testing to identify isolate(s) is unavailable, Sirturo must be used in combination with at least 4 other antitubercular agents.
- Per the FDA, the administration of each Sirturo tablet must be observed by a health care professional (Directly Observed Therapy, DOT).

CRITERIA:

- Age \geq 18 years
- The patient must have active, pulmonary TB
- Describe previously tried agents, and the nature of treatment failure
- Indicate the three or four agents planned to be used adjunctively with Sirturo
- Describe the arrangements for DOT

AUTHORIZATION / DOSE LIMITATIONS:

- Days 1 – 14: four 100mg tablets (400mg) once daily; 56 tablets per 14 days
- Weeks 3 – 24: two 100mg tablets (200mg) three times weekly; 126 tablets for 21 weeks

RE-AUTHORIZATION:

- Subsequent authorizations may only be granted by petition to the DUR Board.

07/25/2013

<https://medicaid.utah.gov/pharmacy/>