|  |  |  |  |
| --- | --- | --- | --- |
| **Criteria Title** | Diarylquinoline Antimycobacterial | | |
| **Criteria Subtitle** | Sirturo (bedaq uiline) | | |
| **Approval Level** | GCNSeqNo | | |
| **Products**   |  |  | | --- | --- | | Preferred |  | | Non-Preferred |  | | Brand |  | | Generic |  | | Other |  | | Drug Name | Corresponding Code(s) | Type of Code (GCNSeqNo, HICL, NDC) |
| SIRTURO | 070413 | GCNSeqNo |
| SIRTURO | 081261 | GCNSeqNo |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Sequence Number** | **Question ID** | **Default Next Question ID** | **Question Type** | **Question Text** | **Choice Text** | **Next Question ID** |
| 1 | 0999 |  | Select | Is the patient new to therapy (initial authorization request) or continuing therapy (re-authorization request)? | New Start (initial authorization request) | 1000 |
| Continuation (re-authorization request) | 2000 |
| 2 | 1000 |  | Select | Is this request being prescribed in accordance with Food and Drug Administration (FDA) approved labeling? | Y | 1001 |
| N | 1235 |
| 3 | 1001 |  | Select | Is the medication being prescribed by an Infectious Disease specialist? | Y | 1002 |
| N | 1235 |
| 4 | 1002 |  | Select and Free Text | Has the provider submitted documentation of the patient’s electrocardiogram (ECG), liver enzymes and electrolyte levels?  If yes, please provide documentation. | Y | 1003 |
| N | 1235 |
| 5 | 1003 |  | Select | The initial 14 days of therapy is limited to a quantity of 28 or 56 for the 100 mg tablets or a quantity of 140 or 280 tablets for the 20 mg tablets.  Does the request meet this requirement? | Y | END (Pending Manual Review) |
| N | 1236 |
| 6 | 2000 |  | Select and Free Text | Has the provider submitted documentation of the patient’s electrocardiogram (ECG) obtained 2 weeks after initiation and another ECG about 10 weeks later?  If yes, please provide documentation. | Y | 2001 |
| N | 1235 |
| 7 | 2001 |  | Select and Free Text | Has the provider submitted documentation that the patient’s QT interval has been evaluated for continued drug therapy (recommended to be less than 500 milliseconds)?  If yes, please provide documentation. | Y | 2002 |
| N | 1235 |
| 8 | 2002 |  | Select | The remaining 22 weeks of therapy is limited to a quantity of 66 or 132 tablets for the 100 mg tablets or a quantity of 330 or 660 tablets for the 20 mg tablets.  Does the request meet this requirement? | Y | END (Pending Manual Review) |
| N | 1236 |
| 9 | 1235 |  | Free Text | Please provide the rationale for the medication being requested. | END (Pending Manual Review) | |
| 10 | 1236 |  | Free Text | Please provide the rationale for the dose and frequency being requested. | END (Pending Manual Review) | |

LENGTH OF AUTHORIZATIONS: Initial authorizations will be for 14 days and limited to a quantity of 28 or 56 of the 100 mg tablets or a quantity of 140 or 280 of the 20 mg tablets. Subsequent authorizations will be for 22 weeks of therapy limited to a quantity of 66 or 132 of the 100 mg tablets or a quantity of 330 or 660 of the 20 mg tablets.

|  |  |
| --- | --- |
| **Last Approved** | 4/10/2023 |
| **Other** |  |