



STATE OF WEST VIRGINIA
DEPARTMENT OF HEALTH AND HUMAN RESOURCES
BUREAU FOR MEDICAL SERVICES



Office of Pharmacy Service
Prior Authorization Criteria

Sirturo® (bedaquiline fumarate)
[Prior Authorization Request Form](#)

Prior authorization requests for Sirturo will be approved if the following criteria are met:

- 1) Diagnosis of pulmonary multi-drug resistant tuberculosis; **AND**
- 2) Treatment given in combination with least three (3) other drugs to which the patient's MDR-TB isolate has been shown to be susceptible *in vitro*, **or**
- 3) If *in vitro* testing results are unavailable, treatment is given in combination with at least four (4) other drugs to which the patient's MDR-TB isolate is likely to be susceptible; **AND**
- 4) Patient is eighteen (18) years of age or older; **AND**
- 5) Duration of treatment is twenty-four (24) weeks and companions drugs are given for the entire period of treatment; **AND**
- 6) Patient is not concurrently taking drugs causing QT prolongation (amiodarone, chloroquine, azithromycin, clarithromycin, citalopram, disopyramide, etc) or is closely monitored if concurrent administration is necessary.

*Janssen Therapeutics, Division of Janssen Products, LP Titusville, NJ 08560
Janssen Products, LP 2012
Arizona Center for Research and Therapeutics May 2013*

*Review and Approved
DUR Board 09/18/2013*