



SIRTURO PA SUMMARY

STATUS: Preferred

LENGTH OF AUTHORIZATION: 6 months

PA CRITERIA:

- ❖ Approvable in combination therapy for the diagnosis of active, pulmonary, multi-drug resistant tuberculosis (MDR-TB) in members 18 years of age and older
- ❖ Sirturo must be administered under directly-observed therapy (DOT).

EXCEPTIONS:

- ❖ Exceptions to these conditions of coverage are considered through the prior authorization process.
- ❖ The Prior Authorization process may be initiated by calling **Catamaran at 1-866-525-5827**.

PA and APPEAL PROCESS:

- ❖ For online access to the PA process please go to www.mmis.georgia.gov/portal, highlight the pharmacy link on the top right side of the page, and click on “prior approval process”.

QUANTITY LEVEL LIMITATIONS:

- ❖ For online access to the current Quantity Level Limit please go to www.mmis.georgia.gov/portal, highlight Provider Information and click on Provider Manuals. Scroll to the page with Pharmacy Services Part II and select that manual.