

## PHARMACY PRE-AUTHORIZATION CRITERIA



<b>DRUG (S)</b>	Mepron (atovaquone)
<b>POLICY #</b>	13120
<b>INDICATIONS</b>	<ul style="list-style-type: none"> <li>• Mepron is indicated for the prevention of <i>Pneumocystis carinii</i> pneumonia in patients who are intolerant to trimethoprim-sulfamethoxazole (TMP-SMX)</li> <li>• Mepron is indicated for the acute oral treatment of mild-to-moderate PCP in patients who are intolerant to TMP-SMX.</li> </ul>
<b>CRITERIA</b>	<p>ConnectiCare will consider Mepron to be medically necessary in patients who meet at least one of the following criteria:</p> <ul style="list-style-type: none"> <li>• Patient requires prophylaxis treatment or treatment for an acute <i>Pneumocystis carinii</i> pneumonia infection</li> </ul> <p>AND</p> <ul style="list-style-type: none"> <li>• Patient has an intolerance to, or treatment failure, or contraindication to trimethoprim-sulfamethoxazole (TMP-SMX). A physician chart note is required documenting the trial and outcome (if the claims can not be seen in the patient’s prescription history).</li> </ul> <p>OR</p> <ul style="list-style-type: none"> <li>• Patient is being treated for active Babesiosis (Babesia) infection. (not FDA-approved, but sufficient evidence to support its use)</li> </ul> <p>AND</p> <ul style="list-style-type: none"> <li>• Laboratory confirmation of babesiosis is required</li> </ul>
<b>LIMITATIONS</b>	For the treatment of Babesiosis, approval will be limited to 10 days.
<b>REFERENCES</b>	<ol style="list-style-type: none"> <li>1. Mepron full prescribing information. GlaxoSmithKline Research Triangle Park, NC</li> <li>2. The Sanford Guide To Antimicrobial Therapy 2004. 34<sup>th</sup> Edition.</li> </ol>
<b>P&amp;T REVIEW HISTORY</b>	3/05, 6/07, 6/08, 9/09, 9/10, 12/11, 10/12, 10/13, 10/14, 11/15, 8/16, 8/17, 7/18
<b>REVISION RECORD</b>	