

Clinical Pharmacy Program Guidelines for Mepron

Program	Prior Authorization
Medication	Mepron® (atovaquone)
Markets in Scope	Arizona, California, Florida- CHIP, Hawaii, Maryland, Nevada, New Jersey, New York, New York EPP, Ohio, Pennsylvania, Rhode Island
Issue Date	9/2011
Pharmacy and Therapeutics Approval Date	4/2019
Effective Date	6/2019

1. Background:

FDA Approved Indications

1. **Prevention of *Pneumocystis jirovecii* pneumonia (PCP)** in adults and adolescents 13 years and older who are intolerant to trimethoprim-sulfamethoxazole (TMP-SMX).
2. **Acute oral treatment of mild-to-moderate PCP** in adults and adolescents 13 years and older patients who are intolerant to TMP-SMX.

2. Coverage Criteria:

A.	<p><u>Authorization Criteria</u></p> <ol style="list-style-type: none"> 1. <i>Pneumocystis jirovecii</i> pneumonia (PCP) <ol style="list-style-type: none"> a. Mepron will be approved based on <u>all</u> of the following criteria: <ol style="list-style-type: none"> (1) The patient has a diagnosis (e.g. HIV) warranting PCP infection prophylaxis. <p style="text-align: center;">-AND-</p> <ol style="list-style-type: none"> (2) The patient has a documented intolerance or contraindication to TMP-SMX <i>and</i> dapsone. <p style="text-align: center;">-OR-</p> <ol style="list-style-type: none"> b. Mepron will be approved based on <u>all</u> of the following criteria:
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(1) The patient has a diagnosis of mild to moderate pneumonia caused by *P. jirovecii*.

-AND-

(2) The patient has a documented intolerance, contraindication, or history of treatment failure to TMP-SMX.

Authorization will be issued for 12 months.

3. References:

1. Mepron® Prescribing Information. GlaxoSmithKline, February 2019.
2. Centers for Disease Control and Prevention. Guidelines for Prevention and Treatment of Opportunistic Infections in HIV-Infected Adults and Adolescents. MMWR 2009; 58 (No. RR-4): 6-10.
3. El-Sadr WM, Murphy RL, Yurik TM, et al. Atovaquone compared with dapsone for the prevention of *Pneumocystis carinii* pneumonia in patients with HIV infection who cannot tolerate trimethoprim, sulfonamides, or both. N Engl J Med 1998;339:1889-1895.

Program	Prior Authorization - Mepron (atovaquone)
Change Control	
Date	Change
09/08/2011	New policy
09/06/2012	Annual Review
12/17/2015	Annual Review
10/2016	Annual review. Updated policy template.
3/2017	Changed authorization duration to 12 months
4/2018	Annual Review. Revised language around step therapy medications. Updated background and references.
4/2019	Annual review, updated background and references.