

Market Applicability/Effective Date														
Market	FL & FHK	FL MMA	FL LTC	GA	KS	KY	LA	MD	NJ	NV	NY	TN	TX	WA
Applicable	X	N/A	N/A	X	N/A	X	X	X	X	X	X	N/A	N/A	X

\*FHK- Florida Healthy Kids

## Cycloserine

Override(s)	Approval Duration
Prior Authorization Quantity Limit	1 year

Medications	Quantity Limit
Cycloserine capsules	May be subject to quantity limit

### APPROVAL CRITERIA

Requests for Cycloserine may be approved if the following criteria are met:

- I. Individual has a diagnosis of pulmonary or extrapulmonary tuberculosis; **AND**
- II. The causative organisms are susceptible to cycloserine; **AND**
- III. Primary medications (such as, streptomycin, isoniazid, rifampin, ethambutol) have proven inadequate; **AND**
- IV. Cycloserine will be administered in conjunction with other effective agents and not as the sole therapeutic agent; **OR**
- V. Individual has a diagnosis of acute urinary tract infection; **AND**
- VI. The causative agents (gram-positive or gram-negative bacteria, especially *Enterobacter spp.* and *Escherichia coli*) are susceptible to cycloserine; **AND**
- VII. Conventional therapy for causative organism has failed.

Cycloserine may not be approved for the following criteria:

- I. Individual has epilepsy; **OR**
- II. Individual has depression, severe anxiety, or psychosis; **OR**
- III. Individual has severe renal insufficiency; **OR**
- IV. Individual has excessive concurrent use of alcohol.

State Specific Mandates		
State name	Date effective	Mandate details (including specific bill if applicable)
N/A	N/A	N/A

### Key References:

Clinical Pharmacology [database online]. Tampa, FL: Gold Standard, Inc.: 2017. URL: <http://www.clinicalpharmacology.com>. Updated periodically.

DailyMed. Package inserts. U.S. National Library of Medicine, National Institutes of Health website. <http://dailymed.nlm.nih.gov/dailymed/about.cfm>. Accessed January 30, 2017.

DrugPoints® System (electronic version). Truven Health Analytics, Greenwood Village, CO. Updated periodically.

Lexi-Comp ONLINE™ with AHFS™, Hudson, Ohio: Lexi-Comp, Inc.; 2017; Updated periodically.

PAGE 1 of 1 05/22/2017  
New Program Date 05/22/2017

This policy does not apply to health plans or member categories that do not have pharmacy benefits, nor does it apply to Medicare. Note that market specific restrictions or transition-of-care benefit limitations may apply.

WEB-PEC-0588-17