Clinical Policy: Rifapentine (Priftin)

Reference Number: PA.CP.PMN.05
Effective Date: 02/2016
Last Review Date: 01/2025

Description
Rifapentine (Priftin®) is a cyclopentyl rifamycin antimycobacterial agent.

FDA approved indication
Priftin is indicated for:

- Patients 12 years of age and older for the treatment of active pulmonary tuberculosis (TB) caused by Mycobacterium tuberculosis (*M. tuberculosis*) in combination with one or more anti-tuberculosis drugs to which the isolate is susceptible
- The treatment of latent tuberculosis infection (LTBI) caused by *M. tuberculosis* in combination with isoniazid in patients 2 years of age and older at high risk of progression to TB disease.

Limitation(s) of use:

- Do not use Priftin monotherapy in either the initial or the continuation phases of active antituberculous treatment. Priftin should not be used once-weekly in the continuation phase regimen in combination with isoniazid in HIV-infected patients with active TB because of a higher rate of failure and/or relapse with rifampin-resistant organisms. Priftin has not been studied as part of the initial phase treatment regimen in HIV-infected patients with active pulmonary tuberculosis
- Active tuberculosis disease should be ruled out before initiating treatment for latent tuberculosis infection. Priftin must always be used in combination with isoniazid as a 12-week once-weekly regimen for the treatment of latent tuberculosis infection. Priftin in combination with isoniazid is not recommended for individuals presumed to be exposed to rifamycin- or - isoniazid resistant *M. tuberculosis*.

Policy/Criteria
Provider must submit documentation (including office chart notes and lab results) supporting that member has met all approval criteria

It is the policy of PA Health & Wellness® that Priftin is **medically necessary** when the following criteria are met:

I. Initial Approval Criteria

A. Active Pulmonary Tuberculosis Infection (must meet all)**:**

1. Diagnosis of TB;
2. Age ≥ 12 years
3. Prescribed by or in consultation with an infectious disease specialist, pulmonologist, or expert in the treatment of tuberculosis (e.g., state or county public health department, specialists affiliated with TB Centers of Excellence as designated by the CDC, infectious disease specialists managing TB clinics);
4. Prescribed in combination with one or more anti-tuberculosis drugs (e.g., isoniazid, rifampin, pyrazinamide, ethambutol);

5. If request is for the 4 month daily Priftin regimen, prescribed in combination with isoniazid, moxifloxacin, and pyrazinamide (off-label);
6. If member is HIV-positive, both of the following (a and b):
   a. Request is for the 4 month daily Priftin regimen (off-label);
   b. Recent (within the last 30 days) CD4 count ≥ 100 cells/mm^3;
7. Dose does not exceed one of the following (a or b):
   a. For 6 month regimen, both of the following (i and ii):
      i. Induction phase of treatment: 600 mg twice weekly for 2 months;
      ii. Continuation phase: 600 mg (4 tablets) once weekly for 4 months;
   b. For 4 month regimen (off-label): 1,200 mg (8 tablets) per day for 119 doses.

Approval duration: 6 months

B. Latent Tuberculosis Infection (must meet all)**:**
1. Diagnosis of LTBI ;
2. Age ≥ 2 years;
3. Prescribed in combination with isoniazid;
4. Dose does not exceed one of the following:
   a. 900 mg weekly (6 tablets/week);
   b. Weight < 35kg: 300 mg daily (14 tablets/week);
   c. Weight 35-45kg: 450 mg daily (21 tablets/week);
   d. Wight >45kg: 600 mg daily (28 tablets/week).

Approval duration: 12 weeks

C. Other diagnoses/indications – Refer to PA.CP.PMN.53 if diagnosis is NOT specifically listed under section III (Diagnoses/Indications for which coverage is NOT authorized)

II. Continued Therapy

A. Active Pulmonary Tuberculosis (must meet all)**:**
1. Currently receiving medication via PA Health & Wellness benefit or member has previously met initial approval criteria; or the Continuity of Care policy (PA.PHARM.01) applies;
2. Member has not received up to 6 months of therapy;
3. Prescribed in combination with one or more anti-tuberculosis drugs (e.g. isoniazid, rifampin, pyrazinamide, ethambutol);
4. If request is for the 4 month daily Priftin regimen, prescribed in combination with isoniazid, moxifloxacin, and pyrazinamide (off-label);
5. If request is for a dose increase, new dose does not exceed one of the following (a or b):
   a. For 6 month regimen, both of the following (i and ii):
      i. Induction phase of treatment: 600 mg twice weekly for 2 months;
      ii. Continuation phase: 600 mg (4 tablets) once weekly for 4 months;
   b. For 4 month regimen (off-label): 1,200 mg (8 tablets) per day for 119 doses.

Approval duration: Approve up to 6 months of total treatment

B. Latent Tuberculosis Infection (must meet all):
1. Currently receiving medication via PA Health & Wellness benefit or member has previously met initial approval criteria; or the Continuity of Care policy (PA.PHARM.01) applies;
2. Member has not received more than 12 weeks of therapy;
3. Prescribed in combination with isoniazid;
4. Dose does not exceed 900 mg (6 tablets) per week.

Approval duration: Up to 12 weeks of total treatment

C. Other diagnoses/indications (must meet 1 or 2)**:**
1. Currently receiving medication via PA Health & Wellness benefit and documentation supports positive response to therapy; or the Continuity of Care policy (PA.PHARM.01) applies; or
2. Refer to PA.CP.PMN.53 if requested indication is NOT listed under section III (Diagnoses/Indications for which coverage is NOT authorized)

Approval duration: 3 months or duration of request (whichever is less)

III. Diagnoses/Indications for which coverage is NOT authorized:

A. Non-FDA approved indications, which are not addressed in this policy, unless there is sufficient documentation of efficacy and safety according to the off label use policy – PA.CP.PMN.53 or evidence of coverage documents

IV. Appendices/General Information

Appendix A: Abbreviation/Acronym Key

FDA: Food and Drug Administration
HIV: human immunodeficiency virus
INH: isoniazid
LTBI: latent tuberculosis infection
M. tuberculosis: *Mycobacterium tuberculosis*
DOT: directly observed therapy
RIF: rifampin

Appendix B: Therapeutic Alternatives

This table provides a listing of preferred alternative therapy recommended in the approval criteria. The drugs listed here may not be a formulary agent and may require prior authorization.

Drug Name	Dosing Regimen	Dose Limit/ Maximum Dose
isoniazid	5 mg/kg up to 300 mg daily in a single dose or 15 mg/kg up to 900 mg/day, two or three times/week PO or IM	300 mg/day daily or 900 mg/day for twice weekly therapy

Therapeutic alternatives are listed as Brand name® (generic) when the drug is available by brand name only and generic (Brand name®) when the drug is available by both brand and generic.

Appendix C: Contraindications/Boxed Warnings

- Contraindication(s): history of hypersensitivity of rifamycins
- Boxed warning(s): none reported

Appendix D: General Information

- Centers for Disease Control and Prevention (CDC) Centers of Excellence for TB: https://www.cdc.gov/tb-programs/php/about/tb-coe.html?CDC_AAref_Val=https://www.cdc.gov/tb/education/tb_coe/default.htm

V. Dosage and Administration

Indication	Dosing Regimen	Maximum Dose
Active Pulmonary Tuberculosis	Initial: 600 mg twice weekly for two months as directly observed therapy (DOT), with no less than 72 hours between doses, in combination with other anti- tuberculosis drugs for 2 months Continuation: 600 mg once-weekly for 4 months as DOT with isoniazid or another appropriate anti- tuberculosis agent for 4 months	900 mg/dose
Latent Tuberculosis Infection	In combination with isoniazid once-weekly for 12 weeks as directly observed therapy or self-administration Adults and children ≥ 12 years: Priftin (based on weight, see table below) and isoniazid 15 mg/kg (900 mg maximum) Children 2–11 years: Priftin (based on weight, see table below) and isoniazid 25 mg/kg (900 mg maximum) HIV, 4 week regimen – weight-based rifapentine in combination with isoniazid 300 mg and pyridoxine 25-50 mg PO QD: < 35 kg: 300 mg PO QD 35-45 kg: 450 mg PO QD >45 kg: 600 mg PO QD	12 week regimen: 900 mg/ dose 4 week regimen: 600 mg/ day

Weight Range	Priftin Dose	Number of Priftin tablets
10–14 kg	300 mg	2
14.1–25 kg	450 mg	3
25.1– 32 kg	600 mg	4
32.1–50 kg	750 mg	5
> 50 kg	900 mg	6

VI. Product Availability

Tablet: 150 mg

VII. References

1. Priftin Prescribing Information. Bridgewater, NJ: Sanofi-Aventis U.S. LLC; June 2020. Available at: https://www.accessdata.fda.gov/drugsatfda_docs/label/2020/021024s017s018lbl.pdf. Accessed October 22, 2024.

2. Centers for Disease Control and Prevention. Recommendations for use of isoniazid-rifapentine regimen with direct observation to treat latent mycobacterium tuberculosis infection: United States, 2011.MMWR Morb Mortal Wkly Rep 2011;60(48);1650-1653.
3. Centers for Disease Control and Prevention. Update of recommendations for use of isoniazid-rifapentine regimen to treat latent mycobacterium tuberculosis infection: United States, 2018. MMWR Morb Mortal Wkly Rep 2018; 67(25);723-726.
4. Centers for Disease Control and Prevention. Treatment of tuberculosis, American Thoracic Society, CDC, and Infectious Diseases Society of America. MMWR 2003;52(No. RR-11):1-77.
5. Nahid P, Dorman SE, Alipanah N et al. Official American Thoracic Society/Centers for Disease Control and Prevention/Infectious Diseases Society of America Clinical Practice Guidelines: Treatment of Drug-Susceptible Tuberculosis. Clin Infect Dis. 2016 Oct 1;63(7):e147-95. doi: 10.1093/cid/ciw376. Epub 2016 Aug 10.
6. Borisov AS, Bamrah Morris S, Njie GJ, et al. Update of recommendations for use of once-weekly isoniazid-rifapentin regimen to treat latent Mycobaceterium tuberculosis Infection. MMWR. 2018;67:723-726.
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8. WHO: Latent tuberculosis infection - Updated and consolidated guidelines for programmatic management. 2018. Available at: https://apps.who.int/iris/bitstream/handle/10665/260233/9789241550239-eng.pdf. Accessed October 25, 2022.
9. Carr W, Kurbatova E, Starks A, et al. Interim Guidance: 4-Month Rifapentine-Moxifloxacin Regimen for the Treatment of Drug-Susceptible Pulmonary Tuberculosis — United States, 2022. MMWR February 25, 2022; 71 (8): 285-289.
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11. WHO consolidated guidelines on tuberculosis. Module 5: Management of tuberculosis in children and adolescents, 2022 update. Geneva: World Health Organization; 2022.
12. Guidelines for the Prevention and Treatment of Opportunistic Infections in Adults and Adolescents with HIV. Reviewed October 29, 2024. Available at: https://clinicalinfo.hiv.gov/sites/default/files/guidelines/documents/adult-adolescent-oi/tables-adult-adolescent-oi.pdf. Accessed October 30, 2024.

Reviews, Revisions, and Approvals	Date
References reviewed and updated.	02/2018
1Q 2019 annual review: references reviewed and updated.	01/2019
1Q 2020 annual review: latent tuberculosis infection dosing regimen updated to include self-administration as per updated CDC recommendations; references reviewed and updated.	01/2020
1Q 2021 annual review: added age limits per FDA labeling; references reviewed and updated.	01/2021
1Q 2022 annual review: references reviewed and updated.	01/2022

Reviews, Revisions, and Approvals	Date
1Q 2023 annual review: for active pulmonary TB per updated CDC/WHO recommendations added requirements for optional 4 month daily Priftin regimen prescribed in combination with isoniazid, moxifloxacin, and pyrazinamide as well as maximum dosing requirements, also added option for HIV-positive use requiring CD4 count ≥ 100 cells/mm^3; references reviewed and updated.	01/2023
1Q 2024 annual review: added requirement for specialist prescribing by or in consultation with an infectious disease specialist, pulmonologist, or expert in the treatment of tuberculosis; references reviewed and updated.	01/2024
1Q 2025 annual review: no significant changes; references reviewed and updated.	01/2025