Drug/Drug Class: Antibiotics, Gastrointestinal (GI) Oral PDL Edit
First Implementation Date: October 5, 2017
Revised Date: October 14, 2021
Prepared For: MO HealthNet
Prepared By: MO HealthNet/Conduent
Criteria Status: ☒ Revision of Existing Criteria
☐ Existing Criteria
☐ New Criteria

Executive Summary

Purpose: The MO HealthNet Pharmacy Program will implement a state-specific preferred drug list.

Why Issue Selected: A variety of antibiotics are utilized in the treatment of gastrointestinal related infections and bacterial vaginosis. The most common symptom of gastrointestinal (GI) infections is diarrhea, which may be mild to severe. Traveler’s diarrhea, amebiasis, giardiasis, cryptosporidiosis, and trichomoniasis are all GI conditions that are amenable to treatment with the GI antibiotics. Another condition for which these agents are used is hepatic encephalopathy (HE) which may occur in cases with cirrhosis and is characterized by altered consciousness, behavior, and motor function due primarily to the accumulation of ammonia in the blood. Second-line therapy can include rifaximin and is intended to reduce nitrogen load from the GI tract and improve CNS status. *Clostridioides difficile* (*C. difficile*)-associated diarrhea can be an unavoidable consequence of prior antimicrobial use. The bacterium multiplies in the colon and produces toxins that stimulate a process in the colon leading to colitis, which is characterized by watery, and occasionally, bloody diarrhea. A 2021 Focused Update to the clinical practice guideline for adults by the Infectious Diseases Society of America (IDSA) and Society for Healthcare Epidemiology of America (SHEA) recommends fidaxomicin over vancomycin in patients with an initial *C. difficile* infection (severe or non-severe) or first recurrence. However, the guideline maintains that vancomycin is an acceptable alternative in both instances. The most current recommendations for pediatrics reference the 2017 IDSA guidelines which suggest either metronidazole or vancomycin for non-severe, initial or first recurrence episodes. Fidaxomicin is a macrolide antibiotic indicated for the treatment of diarrhea due to *C. difficile*. Metronidazole is commonly utilized for bacterial vaginosis but is also indicated for pelvic inflammatory disease, serious anaerobic infections, in addition to treatment of infections of the GI tract. Neomycin is used as a bowel preparation prior to colorectal surgery as well as an adjunctive agent for the treatment of HE or hepatic coma. Xifaxan® is indicated for treatment of traveler’s diarrhea due to noninvasive strains of *Escherichia coli* in adults and pediatric patients aged 12 or older as well as for the reduction in risk of overt HE recurrence and treatment of irritable bowel syndrome with diarrhea in adults.

Total program savings for the PDL classes will be regularly reviewed.
Program-Specific Information:

<table>
<thead>
<tr>
<th>Preferred Agents</th>
<th>Non-Preferred Agents</th>
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<tr>
<td>• Metronidazole Tabs</td>
<td>• Alinia®</td>
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<td>• Neomycin</td>
<td>• Dificid®</td>
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<td>• Vancomycin Caps</td>
<td>• Firvang®</td>
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<td>• Flagyl®</td>
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<td>• Metronidazole Caps</td>
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<td>• Nitazoxanide</td>
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<td>• Paromomycin</td>
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<td>• Vancocin®</td>
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<td>• Vancomycin Soln</td>
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<td></td>
<td>• Xifaxan®</td>
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Type of Criteria:  ☐ Increased risk of ADE  ☒ Preferred Drug List  ☐ Appropriate Indications  ☐ Clinical Edit

Data Sources:  ☐ Only Administrative Databases  ☒ Databases + Prescriber-Supplied

Setting & Population

• Drug class for review: Antibiotics, Gastrointestinal (GI), Oral Agents
• Age range: All appropriate MO HealthNet participants aged 6 months or older

Approval Criteria

• Failure to achieve desired therapeutic outcomes with trial on 2 or more preferred agents
  o Documented trial period of preferred agents OR
  o Documented ADE/ADR to preferred agents OR
• For fidaxomicin: documented diagnosis of diarrhea due to Clostridium difficile in the past 30 days:
  o Participant aged 6 months or older AND
  o For participants aged 6 months to 17 years: adequate therapeutic trial of metronidazole OR vancomycin in the past 30 days OR
  o For participants aged 18 years or older: adequate therapeutic trial of vancomycin in the past 30 days
• For nitazoxanide: documented diagnosis of diarrhea due to Giardia lambia or Cryptosporidium parvum in the past 30 days:
  o Participant aged 1 year or older
• For paromomycin: documented diagnosis of intestinal amebiasis OR hepatic coma in the past 30 days:
  o Participant aged 1 year or older
• For tinidazole: documented diagnosis of intestinal amebiasis, amebic liver abscess, bacterial vaginosis, giardiasis, OR trichomoniasis in the past 30 days:
  o Participant aged 3 years or older AND
  o Adequate therapeutic trial of metronidazole in the past 30 days
• For rifaximin 200 mg tablets:
  o For a documented diagnosis of traveler’s diarrhea in the past 30 days:
    ▪ Participant aged 12 years or older AND
    ▪ Adequate therapeutic trial of a fluoroquinolone OR azithromycin in the past 30 days AND
    ▪ Dosed at 200mg three times daily for a duration of ≤3 days AND
    ▪ Limit of 1 claim in past 30 days
  o For a documented diagnosis of small intestinal bacterial overgrowth (SIBO) in the past year:
    ▪ Participant aged 18 years or older AND
• Adequate therapeutic trial of ciprofloxacin OR metronidazole in the past 30 days AND
• Dosed at 200 mg six times daily for a duration of ≤ 7 days

- For rifaximin 550 mg tablets:
  o For a documented diagnosis of hepatic encephalopathy in the past 2 years:
    ▪ Participant aged 18 years or older AND
    ▪ Adequate therapeutic trial of lactulose OR neomycin in the past year AND
    ▪ Dosed at 550 mg two times daily
  o For a documented diagnosis of irritable bowel syndrome with diarrhea in the past year:
    ▪ Participant aged 18 years or older AND
    ▪ Adequate therapeutic trial of 1 or more anti-diarrheal agents in the past 45 days AND
    ▪ Dosed at 550 mg three times daily for a duration of ≤ 14 days
  o For a documented diagnosis of small intestinal bacterial overgrowth (SIBO) in the past year:
    ▪ Participant aged 18 years or older AND
    ▪ Adequate therapeutic trial of ciprofloxacin OR metronidazole in the past 30 days AND
    ▪ Dosed at 550 mg three times daily for a duration of ≤ 14 days

Denial Criteria

- Lack of adequate trial on required preferred agents
- Therapy will be denied if all approval criteria are not met

Required Documentation

Laboratory Results:  
Progress Notes:  
MedWatch Form:  
Other:  

Disposition of Edit

Denial: Exception Code “0160” (Preferred Drug List)  
Rule Type: PDL

Default Approval Period

1 year

References

1. USPDI, Micromedex; 2021.
2. Facts and Comparisons eAnswers (online); 2021 Clinical Drug Information, LLC.