



Missouri Pharmacy Program – Preferred Drug List



Gastrointestinal (GI) Antibiotics - Oral

Effective 05/21/2008

Revised 10/04/2018

Preferred Agents

- Metronidazole Tablets
- Neomycin
- Vancomycin Capsules

Non-Preferred Agents

- Alinia® Suspension
- Alinia® Tablets
- Difucid® Tablets
- Flagyl® Capsules/Tablets
- Flagyl® ER Tablets
- Metronidazole Capsules
- Paramomycin
- **Solosec®**
- Tindamax®
- Tinidazole
- Vancocin® HCl
- Xifaxan®

Approval Criteria

- Failure to achieve desired therapeutic outcomes with trial on 2 or more preferred agents
 - Documented trial period for preferred agents
 - Documented ADE/ADR to preferred agents
- Documented compliance on current therapy regimen
- Claims for Non-Preferred Agents may review Clinical Consultant review

Product-Specific Criteria

Drug and Dosage	Diagnosis	Age or Other Restriction	Other Criteria
Fidaxomicin 200mg BID x 10 days	Clostridium Difficile Diarrhea	18 yrs and older	Trial failure on Metronidazole or Vancomycin last 30 days
Nitazoxanide q12hr (Alinia®) x 3 days	Diarrhea due to G.lambia or C.parvum	1 yr and older	Suspension or 500mg tablets; available 1 st line for appropriate indications
Paramomycin TID x 5-10 days	Acute Dysentery (Amebiasis), Hepatic Coma	1 yr and older	May also be used for hepatic coma
Rifaximin 200mg TID x 3 days	Traveler's Diarrhea	12 yrs and older	Trial failure of Fluoroquinolone or Azithromycin last 30 days
Rifaximin 200mg 6 per day x 7 days (not FDA-approved)	Small Intestine Bacterial Overgrowth	18 yrs and older	Trial failure of Metronidazole and Ciprofloxacin last 30 days
Rifaximin 550mg BID	Hepatic Encephalopathy	18 yrs and older	Lactulose or Neomycin in the last year
Rifaximin 550mg TID x 14 days	Irritable Bowel Syndrome with Diarrhea (IBS-D)	18 yrs and older	Trial failure on at least 2 different anti-diarrheal products
Secnidazole 2gm x 1 packet	Acute Vaginitis	18 yrs and older	
Tinidazole Daily or up to 5 days	Trichomoniasis, Giardiasis, Amebiasis (amebic liver abcess, intestinal), Bacterial Vaginosis	3 yrs and older	Trial failure with Metronidazole; Only available in tablets; Suspension may be made from tablets

Denial Criteria

- Lack of adequate trial on required preferred agents
- Therapy will be denied if no approval criteria are met
- Rifaximin 200 mg is limited to 1 claim per 30 days
- Rifaximin 200mg for SIBO is limited to 7 days
- Rifaximin 550mg for IBS-D limited to 3 episodes of 14-days
- Drug Prior Authorization Hotline: (800) 392-8030