Clinical Policy: Infectious Disease Agents: Antibiotics - Cephalosporins

Reference Number: OH.PHAR.PPA.65
Effective Date: 01/01/2020
Last Review Date: N/A
Line of Business: Medicaid

Coding Implications
Revision Log

See Important Reminder at the end of this policy for important regulatory and legal information.

Description:

CEPHALOSPORINS, FIRST GENERATION

NO PA REQUIRED "PREFERRED"	PA REQUIRED "NON-PREFERRED"
CEFADROXIL capsules, suspension (generic of Duricef®) CEPHALEXIN 250mg, 500 mg capsules, suspension (generic of Keflex®)	CEPHALEXIN 750mg (generic of Keflex®) DAXBIA™ (cephalexin)

CEPHALOSPORINS, SECOND GENERATION

NO PA REQUIRED "PREFERRED"	PA REQUIRED "NON-PREFERRED"
CEFACLOR (generic of Ceclor®) CEFACLOR ER (generic of Ceclor CD®) CEFACLOR suspension (no PA required for age 12 or under) (generic of Ceclor®) CEFPROZIL (generic of Cefzil®) CEFPROZIL suspension (generic of Cefzil®) (no PA required for age 12 or under) CEFTIN® suspension (no PA required for age 12 or under) (cefuroxime) CEFUROXIME (generic of Ceftin®)	CEFACLOR suspension (PA required for age over 12) (generic of Ceclor®) CEFTIN® suspension (PA required for age over 12) (cefuroxime) CEFPROZIL suspension (generic of Cefzil®) (PA required for age over 12)

CEPHALOSPORINS, THIRD GENERATION

NO PA REQUIRED "PREFERRED"	PA REQUIRED "NON-PREFERRED"
CEFDINIR capsules, suspension (generic of Omnicef®)	CEFTIBUTEN capsules, suspension (generic of Cedax®) CEFPODOXIME tablets, suspension (generic of Vantin®) CEFIXIME SUSP (generic for SUPRAX®) SUPRAX® (cefixime)

FDA Approved Indication(s):
Cephalosporins are indicated for the treatment of:

- bacteremia
- bone and joint infections
- bronchitis

- cellulitis
- community-acquired pneumonia
- cystitis
- gonorrhea
- impetigo
- infectious arthritis
- lower respiratory tract infections
- mastitis
- osteomyelitis
- otitis media
- pharyngitis
- pneumonia
- prostatitis
- pyelonephritis
- rheumatic fever prophylaxis
- sinusitis
- skin and skin structure infections
- tonsillitis
- upper respiratory tract infections
- urinary tract infection (UTI)

Policy/Criteria
Provider must submit documentation (such as office chart notes, lab results or other clinical information) supporting that member has met all approval criteria.

It is the policy of Buckeye Health Plan, an affiliate of Centene Corporation®, that Keflex 750mg, Daxbia, Ceclor suspension (PA required for age over 12), Ceftin suspension (PA required for age over 12), Cefzil suspension (PA required for age over 12), Cedax, Vantin, and Suprax are **medically necessary** when the following criteria are met:

I. Initial Approval Criteria

A. PA Required Agents (must meet all)**:**

1. FDA-approved or supported by standard pharmacopeias;
2. Member must meet labeled age requirements for the medication;
3. The member meets one of the following (a, b, or c):
   a. Documentation that the infection is caused by an organism resistant to medications not requiring prior approval (note diagnosis and any culture and sensitivity reports);
   b. Documentation that there have been therapeutic failures to no less than a 3 day trial of at least one medication not requiring prior approval UNLESS there is a reason the member cannot be changed to a preferred medication. Acceptable reasons include:
      - Allergies to all medications not requiring prior approval.
      - Contraindication to or drug-to-drug interaction with medications not requiring prior approval.

- History of unacceptable/toxic side effects to medications not requiring prior approval.

c. Documentation that the member is completing a course of therapy with a medication requiring prior approval, which was initiated in the hospital;

4. For Cefaclor Suspension, Cefuroxime Axetil Suspension, and Cefprozil Suspension requests: PA required for age over 12.

Approval duration: 20 days; no refills**.**

B. Other diagnoses/indications:

1. There are no pharmacy and therapeutic committee approved off-label use criteria for the diagnosis;
2. Use is supported by one of the following (a, b, or c):
   a. The National Comprehensive Cancer Network (NCCN) Drug Information and Biologics Compendium level of evidence 1 or 2A;
   b. Evidence from at least two high-quality, published studies in reputable peer-reviewed journals or evidence-based clinical practice guidelines that provide all of the following (i – iv):
      i. Adequate representation of the member's clinical characteristics, age, and diagnosis;
      ii. Adequate representation of the prescribed drug regimen;
      iii. Clinically meaningful outcomes as a result of the drug therapy in question;
      iv. Appropriate experimental design and method to address research questions;
   c. Micromedex DrugDex® with strength of recommendation Class I, IIa, or IIb;
3. Prescribed by or in consultation with an appropriate specialist for the diagnosis;
4. Failure of an adequate trial of at least two FDA-approved drugs for the indication and/or drugs that are considered the standard of care, when such agents exist for the same indication at maximum indicated doses, unless no such drugs exist, at maximum indicated doses, unless contraindicated or clinically significant adverse effect are experienced;
5. Dosing regimen and duration are within dosing guidelines recommended by clinical practice guidelines and/or medical literature.

Approval duration: 20 days; no refills**.**

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

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 – CP.PMN.53 for Medicaid or evidence of coverage documents.

III. Appendices/General Information

Appendix A: Abbreviation/Acronym Key
ER: Extended Release
FDA: Food and Drug Administration
PA: Prior Authorization
UTI: Urinary Tract Infection

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 for all relevant lines of business and may require prior authorization.

Drug Name	Dosing Regimen	Dose Limit/ Maximum Dose
cefadroxil (Duricef) capsules, suspension	**Urinary tract infection (UTI), including cystitis** 1 to 2 g per day given in 1 to 2 daily doses for uncomplicated lower UTI and 2 g per day given in 2 divided doses for all others. **Skin and skin structure infections** 1 g per day, given in 1 or 2 daily doses.	2 g/day
cephalexin (Keflex) 250mg capsules, 500mg capsules, suspension	**Upper respiratory tract infections, including tonsillitis and/or pharyngitis secondary to Streptococcus pyogenes** 1 to 4 g daily, divided in 2 to 4 doses for 7 to 14 days. **Nonspecific lower respiratory tract infections** 250 mg every 6 hours or 500 mg every 12 hours for 7 to 14 days. Doses up to 4 g/day divided in 2 to 4 doses may be needed for severe infections. **Skin and skin structure infections** 1 to 4 g daily, divided in 2 to 4 equal doses for 7 to 14 days. **Bone and joint infections** 1 to 4 g daily, divided in 2 to 4 doses for 7 to 14 days. **Genitourinary infection** 1 to 4 g daily, divided in 2 to 4 doses for 7 to 14 days. **Mastitis** 250-500 mg every 6 hrs for 10 to 14 days.	4 g/day
cefaclor (Ceclor) capsules, suspension (12 or under)	**Pharyngitis or tonsillitis** 250 to 500 mg every 8 hours. **Lower respiratory tract infections** 250 to 500 mg every 8 hours.	1.5 g/day

Drug Name	Dosing Regimen	Dose Limit/ Maximum Dose
cefaclor (Ceclor) capsules, suspension (12 or under) - continued	**Uncomplicated skin and skin structure infections** 250 to 500 mg every 8 hours. **Urinary tract infection** 250 to 500 mg every 8 hours.	1.5 g/day
cefaclor extended release (Ceclor CD)	**Pharyngitis or tonsillitis** 375 mg every 12 hours for 10 days. **Acute bacterial exacerbations of chronic bronchitis or secondary bacterial infections of acute bronchitis** 500 mg every 12 hours for 7 days. **Uncomplicated skin and skin structure infections** 375 mg every 12 hours for 7 to 10 days.	1 g/day
cefprozil (Cefzil) tablets, suspension (12 or under)	**Mild to moderate pharyngitis or tonsillitis** 500 mg every 24 hours for 10 days. **Acute bacterial exacerbation of chronic bronchitis** 500 mg every 12 hours for 10 days. **Uncomplicated skin and skin structure infections** 250 to 500 mg every 12 hours or 500 mg every 24 hours for 10 days. **Acute sinusitis** 250 to 500 mg every 12 hours for 10 days; use the higher dose for moderate to severe infections.	1000 mg/day
cefuroxime (Ceftin) tablets, suspension (12 or under)	**Mild-to-moderate acute bacterial exacerbations of chronic bronchitis** 250 to 500 mg every 12 hours for 10 days. **Skin and skin structure infections** 250 to 500 mg every 12 hours for 10 days. **Urinary tract infection (UTI)** 250 mg every 12 hours for 7 to 10 days.	1,000 mg/day

Drug Name	Dosing Regimen	Dose Limit/ Maximum Dose
cefuroxime (Ceftin) tablets, suspension (12 or under) - continued	**Pharyngitis or tonsillitis** 250 mg every 12 hours for 10 days. **Sinusitis** 250 mg every 12 hours for 10 days.	1,000 mg/day
cefdinir (Omnicef)	**Chronic bronchitis** 300 mg every 12 hours for 5 to 10 days or 600 mg every 24 hours for 10 days. **Acute maxillary sinusitis** 300 mg every 12 hours or 600 mg every 24 hours for 10 days. **Community-acquired pneumonia (CAP)** 300 mg every 12 hours for 10 days. **Pharyngitis or tonsillitis** 300 mg every 12 hours for 5 to 10 days or 600 mg every 24 hours for 10 days. **Uncomplicated skin and skin structure infections** 300 mg every 12 hours for 10 days.	600 mg/day

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):
  - Cephalosporin Hypersensitivity

IV. Dosage and Administration

- Varies by drug product. See FDA approved dosing and administration AND Appendix B.

V. Product Availability

Drug Name	Availability
Cedax	Oral suspension: 90mg/5 mL, 180 mg/5 mL
Cedax	Capsules: 400 mg
Cefaclor	Capsules: 250 mg, 500 mg
Cefaclor	Oral suspension: 125 mg/5 mL, 250 mg/5 mL, 375 mg/5 mL
Cefaclor	Extended-Release Tablets: 500 mg
Cefadroxil	Capsules: 500 mg
Cefadroxil	Oral suspension: 250 mg/5 mL, 500 mg/5 mL
Cefadroxil	Tablets: 1 g
Cefdinir	Capsules: 300 mg

Drug Name	Availability
Cefdinir	Oral suspension: 125 mg/5 mL, 250 mg/5 mL
Cefixime	Capsules: 400 mg
Cefixime	Oral suspension: 100 mg/5 mL, 200 mg/5 mL
Cefpodoxime	Oral suspension: 50 mg/5 mL, 100 mg/5 mL
Cefpodoxime	Tablets: 100 mg, 200 mg
Cefprozil	Oral suspension: 125 mg/5 mL, 250 mg/5 mL
Cefprozil	Tablets: 250 mg, 500 mg
Cefuroxime Axetil	Oral suspension: 250 mg/5 mL
Cefuroxime Axetil	Tablets: 250 mg, 500 mg
Cephalexin	Capsules: 250mg, 500 mg, 750 mg
Cephalexin	Oral suspension: 125 mg/5 mL, 250 mg/5 mL
Cephalexin	Tablets: 250 mg, 500 mg
Daxbia	Capsules: 333 mg
Suprax	Chewable Tablets: 100 mg, 200 mg
Suprax	Oral suspension: 100 mg/5 mL, 200 mg/5 mL, 500 mg/5 mL

VI. References

- Cefaclor. Clinical Pharmacology. Elsevier. Tampa, FL. Available at https://www.clinicalpharmacology-ip.com. Accessed November 18, 2019.
- Cefadroxil. Clinical Pharmacology. Elsevier. Tampa, FL. Available at https://www.clinicalpharmacology-ip.com. Accessed November 18, 2019.
- Cefdinir. Clinical Pharmacology. Elsevier. Tampa, FL. Available at https://www.clinicalpharmacology-ip.com. Accessed November 18, 2019.
- Cefixime. Clinical Pharmacology. Elsevier. Tampa, FL. Available at https://www.clinicalpharmacology-ip.com. Accessed November 18, 2019.
- Cephalexin. Clinical Pharmacology. Elsevier. Tampa, FL. Available at https://www.clinicalpharmacology-ip.com. Accessed November 18, 2019.
- Cefuroxime Axetil. Clinical Pharmacology. Elsevier. Tampa, FL. Available at https://www.clinicalpharmacology-ip.com. Accessed November 18, 2019.

Reviews, Revisions, and Approvals	Date	P&T Approval Date
New policy created.	10.19	N/A

Important Reminder

This clinical policy has been developed by appropriately experienced and licensed health care professionals based on a review and consideration of currently available generally accepted standards of medical practice; peer-reviewed medical literature; government agency/program approval status; evidence-based guidelines and positions of leading national health professional organizations; views of physicians practicing in relevant clinical areas affected by this clinical policy; and other available clinical information. The Health Plan makes no representations and accepts no liability with respect to the content of any external information used or relied upon in developing this clinical policy. This clinical policy is consistent with standards of medical

practice current at the time that this clinical policy was approved. "Health Plan" means a health plan that has adopted this clinical policy and that is operated or administered, in whole or in part, by Centene Management Company, LLC, or any of such health plan's affiliates, as applicable.

The purpose of this clinical policy is to provide a guide to medical necessity, which is a component of the guidelines used to assist in making coverage decisions and administering benefits. It does not constitute a contract or guarantee regarding payment or results. Coverage decisions and the administration of benefits are subject to all terms, conditions, exclusions and limitations of the coverage documents (e.g., evidence of coverage, certificate of coverage, policy, contract of insurance, etc.), as well as to state and federal requirements and applicable Health Plan-level administrative policies and procedures.

This clinical policy is effective as of the date determined by the Health Plan. The date of posting may not be the effective date of this clinical policy. This clinical policy may be subject to applicable legal and regulatory requirements relating to provider notification. If there is a discrepancy between the effective date of this clinical policy and any applicable legal or regulatory requirement, the requirements of law and regulation shall govern. The Health Plan retains the right to change, amend or withdraw this clinical policy, and additional clinical policies may be developed and adopted as needed, at any time.

This clinical policy does not constitute medical advice, medical treatment or medical care. It is not intended to dictate to providers how to practice medicine. Providers are expected to exercise professional medical judgment in providing the most appropriate care, and are solely responsible for the medical advice and treatment of members. This clinical policy is not intended to recommend treatment for members. Members should consult with their treating physician in connection with diagnosis and treatment decisions.

Providers referred to in this clinical policy are independent contractors who exercise independent judgment and over whom the Health Plan has no control or right of control. Providers are not agents or employees of the Health Plan.

This clinical policy is the property of the Health Plan. Unauthorized copying, use, and distribution of this clinical policy or any information contained herein are strictly prohibited. Providers, members and their representatives are bound to the terms and conditions expressed herein through the terms of their contracts. Where no such contract exists, providers, members and their representatives agree to be bound by such terms and conditions by providing services to members and/or submitting claims for payment for such services.

Note:
For Medicaid members, when state Medicaid coverage provisions conflict with the coverage provisions in this clinical policy, state Medicaid coverage provisions take precedence. Please refer to the state Medicaid manual for any coverage provisions pertaining to this clinical policy.