

Pharmacy Medical Necessity Guidelines: Suprax (cefixime)

Effective: June 9, 2020

Prior Authorization Required	√	Type of Review – Care Management	
Not Covered		Type of Review – Clinical Review	√
Pharmacy (RX) or Medical (MED) Benefit	RX	Department to Review	RXUM
<p>These pharmacy medical necessity guidelines apply to the following:</p> <p>Commercial Products</p> <input type="checkbox"/> Tufts Health Plan Commercial products – large group plans <input type="checkbox"/> Tufts Health Plan Commercial products – small group and individual plans <input type="checkbox"/> Tufts Health Freedom Plan products – large group plans <input type="checkbox"/> Tufts Health Freedom Plan products – small group plans <ul style="list-style-type: none"> CareLinkSM – Refer to CareLink Procedures, Services and Items Requiring Prior Authorization <p>Tufts Health Public Plans Products</p> <input type="checkbox"/> Tufts Health Direct – A Massachusetts Qualified Health Plan (QHP) (a commercial product) <input type="checkbox"/> Tufts Health Together – MassHealth MCO Plan and Accountable Care Partnership Plans <input checked="" type="checkbox"/> Tufts Health RITogether – A Rhode Island Medicaid Plan		<p>Fax Numbers: RXUM: 617.673.0988</p>	

Note: This guideline does not apply to Medicare Members (includes dual eligible Members).

OVERVIEW

FOOD AND DRUG ADMINISTRATION-APPROVED INDICATIONS

Suprax (cefixime) is indicated for the treatment of uncomplicated urinary tract infections (due to *Escherichia coli* and *Proteus mirabilis*), otitis media (due to *Haemophilus influenzae*, *Moraxella catarrhalis*, and *Streptococcus pyogenes*), pharyngitis and tonsillitis (due to *Streptococcus pyogenes*), acute exacerbations of chronic bronchitis (due to *Streptococcus pneumoniae* and *Haemophilus influenzae*), uncomplicated cervical/urethral gonorrhea (due to *Neisseria gonorrhoeae* [penicillinase- and nonpenicillinase-producing]).

Due to the development of increased of *N. gonorrhoeae* resistance to cefixime, the CDC no longer recommends use of cefixime as a first-line regimen in the treatment of uncomplicated gonorrhea in the United States. Instead, ceftriaxone is the preferred cephalosporin in combination with azithromycin.

Cefixime is available generic as suspension (100 mg/5 mL, 200 mg/5 mL) and capsules (400 mg). Brand formulations include 500 mg/5mL suspension and 100 mg and 200 mg chewable tablets. The generic formulations are preferred and the brand formulations are nonpreferred.

COVERAGE GUIDELINES

The plan may authorize coverage of nonpreferred Suprax formulations when the following criteria are met:

1. Clinical rationale why Member is not able to administer a generic formulation of cefixime.

LIMITATIONS

None

CODES

None

REFERENCES

1. Suprax (cefixime) [prescribing information]. Baltimore, MD: Lupin Pharma; October 2019.
2. Workowski KA, Bolan GA; Centers for Disease Control and Prevention (CDC). Sexually transmitted diseases treatment guidelines, 2015. *MMWR*. 2015;64(RR-03):1-137.

APPROVAL HISTORY

May 9, 2017: Reviewed by Pharmacy & Therapeutics Committee.

Subsequent endorsement date(s) and changes made:

1. December 11, 2018: Administrative changes made to template.
2. August 13, 2019: Administrative update: Updated MNG to indicate that 400 mg capsules are generic and preferred on the formulary.
3. June 9, 2020: No changes.

BACKGROUND, PRODUCT AND DISCLAIMER INFORMATION

Pharmacy Medical Necessity Guidelines have been developed for determining coverage for plan benefits and are published to provide a better understanding of the basis upon which coverage decisions are made. The plan makes coverage decisions on a case-by-case basis considering the individual member's health care needs. Pharmacy Medical Necessity Guidelines are developed for selected therapeutic classes or drugs found to be safe, but proven to be effective in a limited, defined population of patients or clinical circumstances. They include concise clinical coverage criteria based on current literature review, consultation with practicing physicians in the service area who are medical experts in the particular field, FDA and other government agency policies, and standards adopted by national accreditation organizations. The plan revises and updates Pharmacy Medical Necessity Guidelines annually, or more frequently if new evidence becomes available that suggests needed revisions.

For self-insured plans, coverage may vary depending on the terms of the benefit document. If a discrepancy exists between a Pharmacy Medical Necessity Guideline and a self-insured Member's benefit document, the provisions of the benefit document will govern.

Treating providers are solely responsible for the medical advice and treatment of members. The use of this policy is not a guarantee of payment or a final prediction of how specific claim(s) will be adjudicated. Claims payment is subject to member eligibility and benefits on the date of service, coordination of benefits, referral/authorization and utilization management guidelines when applicable, and adherence to plan policies and procedures and claims editing logic.