

**Texas Prior Authorization Program  
Clinical Criteria**

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**Drug/Drug Class****Arikayce (Amikacin liposome inhalation  
suspension)**

*This criteria was recommended for review by the Texas Medicaid Vendor Drug Program to ensure appropriate and safe utilization*

**Clinical Criteria Information Included in this Document****Arikayce (Amikacin)**

- **Drugs requiring clinical prior authorization:** the list of drugs requiring prior authorization for this clinical criteria
- **Clinical prior authorization criteria logic:** a description of how the prior authorization request will be evaluated against the clinical criteria rules
- **Logic diagram:** a visual depiction of the clinical criteria logic
- **Supporting tables:** a collection of information associated with the steps within the criteria (diagnosis codes, procedure codes, and therapy codes)
- **References:** clinical publications and sources relevant to this clinical criteria

**Note:** Click the hyperlink to navigate directly to that section.

**Revision Notes**

- Initial publication



## Arikayce (Amikacin)

### Drugs Requiring Clinical Prior Authorization

*The listed GCNS may not be an indication of TX Medicaid Formulary coverage. To learn the current formulary coverage, visit [TxVendorDrug.com/formulary/formulary-search](http://TxVendorDrug.com/formulary/formulary-search).*

<b>Label Name</b>	<b>GCN</b>
ARIKAYCE 590 MG/8.4 ML VIAL	45435



## Arikayce (Amikacin)

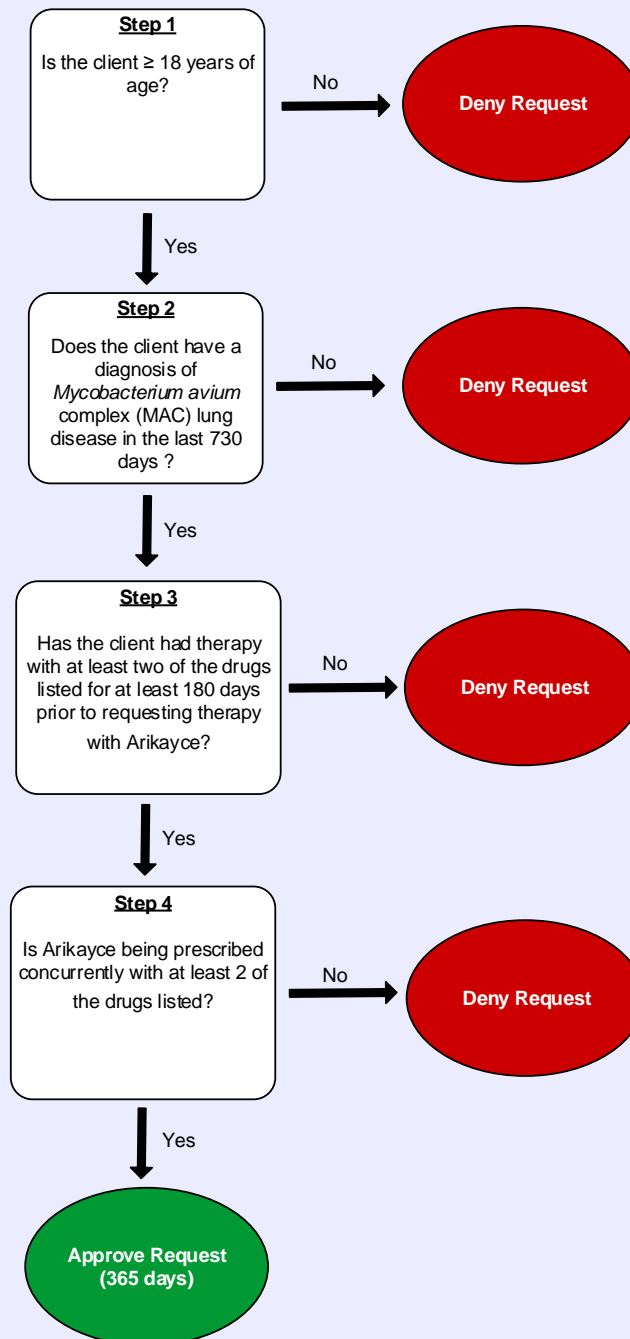
### Clinical Criteria Logic

1. Is the client greater than or equal to ( $\geq$ ) 18 years of age?  
 Yes – Go to #2  
 No – Deny
  
2. Does the client have a **diagnosis of *Mycobacterium avium* complex (MAC) lung disease** in the last 730 days?  
 Yes – Go to #3  
 No – Deny
  
3. Has the client had therapy with at least two of the **drugs listed** for at least 180 days in the last 365 days prior to requesting therapy with Arikayce?  
 Yes – Go to #4  
 No – Deny
  
4. Is Arikayce being prescribed concurrently with at least 2 of the **drugs listed**?  
 Yes – Approve (365 days)  
 No – Deny



# Arikayce (Amikacin)

## Clinical Criteria Logic Diagram





## Arikayce (Amikacin)

### Clinical Criteria Supporting Tables

<b>Step 2 (diagnosis of <i>Mycobacterium avium</i> complex (MAC) lung disease)</b> <b>Required quantity: 1</b> <b>Look back timeframe: 730 days</b>	
ICD-10 Code	Description
A310	PULMONARY MYCOBACTERIAL INFECTION
A312	DISSEMINATED MYCOBACTERIUM AVIUM – INTRACELLULARE COMPLEX (DMAC)

<b>Step 3 (claims for drugs recommended as prior multi-drug therapy)</b> <b>Required quantity: 2 (180 days total therapy)</b> <b>Look back timeframe: 365 days</b>	
GCN	Label Name
50767	AVELOX 400 MG TABLET
48792	AZITHROMYCIN 100 MG/5 ML SUSP
61199	AZITHROMYCIN 200 MG/5 ML SUSP
48793	AZITHROMYCIN 250 MG TABLET
61198	AZITHROMYCIN 500 MG TABLET
48794	AZITHROMYCIN 600 MG TABLET
43532	BAXDELA 450 MG TABLET
47050	CIPRO 250 MG TABLET
47051	CIPRO 500 MG TABLET
47056	CIPROFLOXACIN 250 MG/5 ML
47057	CIPROFLOXACIN 500 MG/5 ML
20315	CIPROFLOXACIN ER 1,000 MG TAB
18898	CIPROFLOXACIN ER 500 MG TABLET
47053	CIPROFLOXACIN HCL 100 MG TAB
47050	CIPROFLOXACIN HCL 250 MG TAB
47051	CIPROFLOXACIN HCL 500 MG TAB
47052	CIPROFLOXACIN HCL 750 MG TAB
11670	CLARITHROMYCIN 125 MG/5 ML SUSPENSION
48852	CLARITHROMYCIN 250 MG TABLET
11671	CLARITHROMYCIN 250 MG/5 ML SUSPENSION
48851	CLARITHROMYCIN 500 MG TABLET

<b>Step 3 (claims for drugs recommended as prior multi-drug therapy)</b>	
<b>Required quantity: 2 (180 days total therapy)</b>	
<b>Look back timeframe: 365 days</b>	
48850	CLARITHROMYCIN ER 500 MG TABLET
41800	ETHAMBUTOL HCL 100 MG TABLET
41801	ETHAMBUTOL HCL 400 MG TABLET
41741	ISONIAZID 100 MG TABLET
41742	ISONIAZID 300 MG TABLET
41730	ISONIAZID 50 MG/5 ML
47074	LEVAQUIN 500 MG TABLET
89597	LEVAQUIN 750 MG TABLET
23725	LEVOFLOXACIN 25 MG/ML SOLUTION
47073	LEVOFLOXACIN 250 MG TABLET
47074	LEVOFLOXACIN 500 MG TABLET
89597	LEVOFLOXACIN 750 MG TABLET
50767	MOXIFLOXACIN HCL 400 MG TABLET
29810	MYCOBUTIN 150 MG CAPSULE
43692	OFLOXACIN 300 MG TABLET
43963	OFLOXACIN 400 MG TABLET
29810	RIFABUTIN 150 MG CAPSULE
41260	RIFAMPIN 150 MG CAPSULE
41261	RIFAMPIN 300 MG CAPSULE
48792	ZITHROMAX 100 MG/5 ML SUSP
61199	ZITHROMAX 200 MG/5 ML SUSP
48793	ZITHROMAX 250 MG TABLET
61198	ZITHROMAX 500 MG TABLET

**Step 4 (concurrent therapy with recommended drugs)**

**Required quantity: 2**

**Look back timeframe: NA**

For the list of recommended drug GCNs that pertain to this step, see the **Recommended Drug GCN** table in the previous "Supporting Tables" section.

**Note:** Click the hyperlink to navigate directly to the table.



## Arikayce (Amikacin)

### Clinical Criteria References

1. Clinical Pharmacology [online database]. Tampa, FL: Elsevier / Gold Standard, Inc. 2019. Available at [www.clinicalpharmacology.com](http://www.clinicalpharmacology.com). Accessed on April 26, 2019.
2. Drug Facts and Comparisons. eFacts [online]. 2019. Available from Wolters Kluwer Health, Inc. Accessed on April 26, 2019.
3. Arikayce Prescribing Information. Bridgewater, NJ. Inmed Incorporated. September 2018.
4. Griffith DE. (2019) Overview of nontuberculous mycobacterial infections in HIV-negative patients. Von Reyn CF (Ed.), UpToDate. Accessed on April 26, 2019. Available at [www.uptodate.com](http://www.uptodate.com).
5. Currier JS. (2019) Mycobacterium avium complex (MAC) infections in HIV-infected patients. Bartlett JG (Ed.), UpToDate. Accessed on April 26, 2019. Available at [www.uptodate.com](http://www.uptodate.com).
6. Daley CL. Mycobacterium avium Complex Disease. Microbiol Spectr 2017 Apr;5(2).



## Arikayce (Amikacin)

### Publication History

The Publication History records the publication iterations and revisions to this document. Notes for the *most current revision* are also provided in the **Revision Notes** on the first page of this document.

Publication Date	Notes
04/26/2019	Initial publication and presentation to the DUR Board