

## Clinical Policy: Rifabutin (Mycobutin)

Reference Number: PA.CP.PMN.223

Effective Date: 01/2020

Last Review Date: 01/2024

### Description

Rifabutin (Mycobutin<sup>®</sup>) is a derivative of rifamycin, an antimycobacterial agent.

### FDA Approved Indication(s)

Mycobutin is indicated for the prevention of disseminated *Mycobacterium avium* complex (MAC) disease in patients with advanced HIV infection.

### 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 PA Health & Wellness<sup>®</sup> that Mycobutin is **medically necessary** when the following criteria are met:

#### I. Initial Approval Criteria

##### A. *Mycobacterium avium* Complex Prophylaxis (must meet all):

1. Request is for MAC prophylaxis in member with HIV;
2. Prescribed by or in consultation with an HIV or infectious disease specialist;
3. Failure of azithromycin or clarithromycin, unless clinically significant adverse effects are experienced or both are contraindicated;
4. If request is for brand Mycobutin, member must use generic rifabutin unless contraindicated or clinically significant adverse effects are experienced;
5. Dose does not exceed 300 mg (2 capsules) per day.

**Approval duration: 12 months**

##### B. *Helicobacter pylori* Infection (must meet all):

*\* For Talicia<sup>®</sup> requests, see PHW.PDL.001 H. Pylori Treatments*

1. Diagnosis of *H. pylori* infection;
2. Prescribed by or in consultation with a gastroenterologist or infectious disease specialist;
3. Age  $\geq$  18 years;
4. Failure of a first-line treatment regimen (see *Appendix B*), unless contraindicated, clinically significant adverse effects are experienced, or culture and sensitivity report shows resistance or lack of susceptibility of *H. pylori* to all first-line treatment regimens;
5. For Mycobutin (off-label) requests, prescribed in combination with amoxicillin and a proton pump inhibitor;
6. If request is for brand Mycobutin, member must use generic rifabutin unless contraindicated or clinically significant adverse effects are experienced;
7. Dose does not exceed 300 mg (2 capsules) per day;

**Approval duration: 10 days**

**C. Tuberculosis (off-label) (must meet all):**

1. Diagnosis of tuberculosis infection in member with HIV;
2. Request is for Mycobutin;
3. Prescribed by or in consultation with an HIV or infectious disease specialist;
4. Documentation of current or anticipated treatment with protease inhibitors, non-nucleoside reverse transcriptase inhibitors (NNRTIs), or maraviroc for the treatment of HIV infection, or if medical justification supports intolerance to use rifampin;
5. If request is for brand Mycobutin, member must use generic rifabutin unless contraindicated or clinically significant adverse effects are experienced;
6. Dose does not exceed one of the following (a or b):
  - a. 300 mg (2 capsules) per day;
  - b. 600 mg (4 capsules) per day and member is being treated with efavirenz.

**Approval duration: 12 months**

**D. Other diagnoses/indications**

1. Refer to the off-label use policy if diagnosis is NOT specifically listed under section III (Diagnoses/Indications for which coverage is NOT authorized): PA.CP.PMN.53

**II. Continued Therapy**

**A. *Mycobacterium avium* Complex Prophylaxis (must meet all):**

1. Currently receiving medication via PA Health & Wellness benefit and documentation supports positive response to therapy or the Continuity of Care policy (PA.LTSS.PHAR.01) applies;
2. Member is responding positively to therapy;
3. If request is for brand Mycobutin, member must use generic rifabutin unless contraindicated or clinically significant adverse effects are experienced;
4. If request is for a dose increase, new dose does not exceed 300 mg (2 capsules) per day.

**Approval duration: 12 months**

**B. *Helicobacter pylori* Infection**

1. Re-authorization is not permitted. Members must meet the initial approval criteria.

**Approval duration: Not applicable**

**C. Tuberculosis (off-label) (must meet all):**

1. Currently receiving medication via PA Health & Wellness benefit and documentation supports positive response to therapy or the Continuity of Care policy (PA.LTSS.PHAR.01) applies;
2. Member has not received more than 12 months of therapy;
3. Documentation of current treatment with protease inhibitors, non-nucleoside reverse transcriptase inhibitors (NNRTIs), or integrase strand transfer inhibitors (INSTIs) other than elvitegravir for the treatment of HIV infection;
4. If request is for brand Mycobutin, member must use generic rifabutin unless contraindicated or clinically significant adverse effects are experienced;
5. If request is for a dose increase, new dose does not exceed one of the following (a or b):

- a. 300 mg (2 capsules) per day;
- b. 600 mg (4 capsules) per day and member is being treated with efavirenz.

**Approval duration: Up to a total duration of 12 months**

**D. Other diagnoses/indications** (must meet 1 or 2):

- 1. Currently receiving medication via PA Health & Wellness benefit and documentation supports positive response to therapy or the Continuity of Care policy (PA.LTSS.PHAR.01) applies.

**Approval duration: Duration of request or 12 months (whichever is less);** or

- 2. Refer to the off-label use policy if diagnosis is NOT specifically listed under section III (Diagnoses/Indications for which coverage is NOT authorized): PA.CP.PMN.53

**III. Diagnoses/Indications for which coverage is NOT authorized:**

- A. 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 policies – PA.CP.PMN.53

**IV. Appendices/General Information**

*Appendix A: Abbreviation/Acronym Key*

FDA: Food and Drug Administration

INSTIs: integrase strand transfer

MAC: *Mycobacterium avium* complex

NNRTI: non-nucleoside reverse transcriptase inhibitors

*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
azithromycin	<b>MAC:</b> 1,200 mg PO once weekly or 600 mg PO twice weekly	500 mg/day
clarithromycin	<b>MAC:</b> 500 mg PO BID	1.5 g/day
clarithromycin triple regimen	<b>H. pylori infection:</b> 14 days: PPI (standard or double dose) BID; Clarithromycin 500 mg; Amoxicillin 1,000 mg or metronidazole 500 mg TID (if penicillin allergy)	See dosing regimen
bismuth quadruple regimen	<b>H. pylori infection:</b> 10-14 days: PPI (standard dose) BID; bismuth subcitrate (120-300 mg) or subsalicylate (300 mg) QID; tetracycline 500 mg QID; metronidazole 250 mg QID or 500 mg TID-QID	See dosing regimen

Drug Name	Dosing Regimen	Dose Limit/ Maximum Dose
concomitant regimen	<b><i>H. pylori</i> infection:</b> 10-14 days: PPI (standard dose) BID; Clarithromycin 500 mg; Amoxicillin 1,000 mg; Metronidazole or tinidazole 500 mg	See dosing regimen
sequential regimen	<b><i>H. pylori</i> infection:</b> 5-7 days of BID PPI (standard dose) + amoxicillin 1,000 mg; followed by 5-7 days of BID PPI, clarithromycin 500 mg + metronidazole/tinidazole	See dosing regimen
hybrid regimen	<b><i>H. pylori</i> infection:</b> 7 days of BID PPI (standard dose) + amoxicillin 1,000 mg; followed by 7 days of BID PPI, amoxicillin + clarithromycin 500 mg + metronidazole/tinidazole	See dosing regimen
levofloxacin triple regimen	<b><i>H. pylori</i> infection:</b> 10-14 days: PPI (standard dose) BID; levofloxacin 500 mg QD; amoxicillin 1,000 mg BID	See dosing regimen
levofloxacin sequential regimen	<b><i>H. pylori</i> infection:</b> 5-7 days of BID PPI (standard dose) + amoxicillin 1,000 mg; followed by 5-7 days of BID PPI, amoxicillin + metronidazole/tinidazole + QD levofloxacin 500 mg	See dosing regimen
rifabutin triple	<b><i>H. pylori</i> infection:</b> 10 days of BID PPI (standard dose) + amoxicillin 1,000 mg BID + rifabutin 300 mg QD	See dosing regimen

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):
  - Mycobutin: clinically significant hypersensitivity to rifabutin or to any other rifamycins
- Boxed warning(s): none reported

#### Appendix D: General Information

- There is no evidence that rifabutin is an effective prophylaxis against Mycobacterium tuberculosis.

## V. Dosage and Administration

Indication	Dosing Regimen	Maximum Dose
MAC prophylaxis	300 mg PO QD or 150 mg PO BID	300 mg/day

Indication	Dosing Regimen	Maximum Dose
Tuberculosis infection in patients co-infected with HIV	300 mg (approximately 5 mg/kg) PO QD in combination with other agents for up to 12 months	300 mg/day (600 mg/day if treatment with efavirenz)
<i>H. pylori</i> infection (off-label)	300 mg PO QD with amoxicillin 1 g PO BID and proton pump inhibitor PO BID	300 mg/day

**VI. Product Availability**

Capsule: 150 mg

**VII. References**

1. Mycobutin Prescribing Information. New York, New York: Pharmacia & Upjohn Co; September 2021. Available at: [https://www.accessdata.fda.gov/drugsatfda\\_docs/label/2021/050689s026lbl.pdf](https://www.accessdata.fda.gov/drugsatfda_docs/label/2021/050689s026lbl.pdf). Accessed October 20, 2023.
2. Clinical Pharmacology [database online]. Elsevier, Inc. Updated periodically. Available at: <https://www.clinicalkey.com/pharmacology/>. Accessed October 30, 2023.
3. U.S. Department of Health and Human Services. Guidelines for the Prevention and Treatment of Opportunistic Infections in HIV-Infected Adults and Adolescents. Reviewed September 25, 2023. Available at: <https://clinicalinfo.hiv.gov/en/guidelines/hiv-clinical-guidelines-adult-and-adolescent-opportunistic-infections/whats-new>. Accessed October 30, 2023.
4. Chey WD, Leontiadis GI, Howden CW, et al. ACG Clinical Guideline: Treatment of Helicobacter pylori Infection. American Journal of Gastroenterology: 2017 January 10; doi: 10.1038/ajg.2016.563.

Reviews, Revisions, and Approvals	Date
Policy created	01/2020
1Q21 annual review: removed Talicia from policy as this was added to the Pennsylvania Medical Assistance Program’s Statewide Preferred Drug List; added “off-label” for Mycobutin for <i>H. pylori</i> infection; added redirection to generic rifabutin in initial and continuation criteria; references reviewed and updated.	01/2021
1Q 2022 annual review: modified medical justification language to member must use language per updated template; clarified tuberculosis off-label criteria set applies to members with HIV; references reviewed and updated.	01/2022
1Q 2023 annual review: no significant changes; references reviewed and updated.	01/2023
1Q 2024 annual review: added specific requirement that "request is for MAC prophylaxis in member with HIV" to support labeled indication; for off-label use in tuberculosis, added to continuation of therapy the following to support existing approval duration: “member has not received more than 12 months of therapy”; for added clarity with	01/2024

<b>Reviews, Revisions, and Approvals</b>	<b>Date</b>
requests for H.pylori added the following note “for Talicia requests, see PHW.PDL.001 H. Pylori Treatments”; reviewed and updated.	