

**Texas Prior Authorization Program
Clinical Criteria**

Drug/Drug Class**Xifaxan (Rifaximin)****Clinical Information Included in this Document****Xifaxan 200mg**

- **Drugs requiring prior authorization:** the list of drugs requiring prior authorization for this clinical criteria
- **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); provided when applicable
- **References:** clinical publications and sources relevant to this clinical criteria

Xifaxan 550mg

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

Revision Notes

- Updated to include formulary statement (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.) on each 'Drug Requiring PA' table



Xifaxan (Rifaximin) 200mg

Drugs Requiring Prior Authorization

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Drugs Requiring Prior Authorization	
Label Name	GCN
XIFAXAN 200 MG TABLET	93749



Xifaxan (Rifaximin)

200mg

Clinical Criteria Logic

1. Is the client greater than or equal to (\geq) 12 years of age?
 Yes (Go to # 2)
 No (Deny)

2. Does the client have a diagnosis of infectious/traveler's diarrhea in the last 90 days?
 Yes (Go to #3)
 No (Deny)

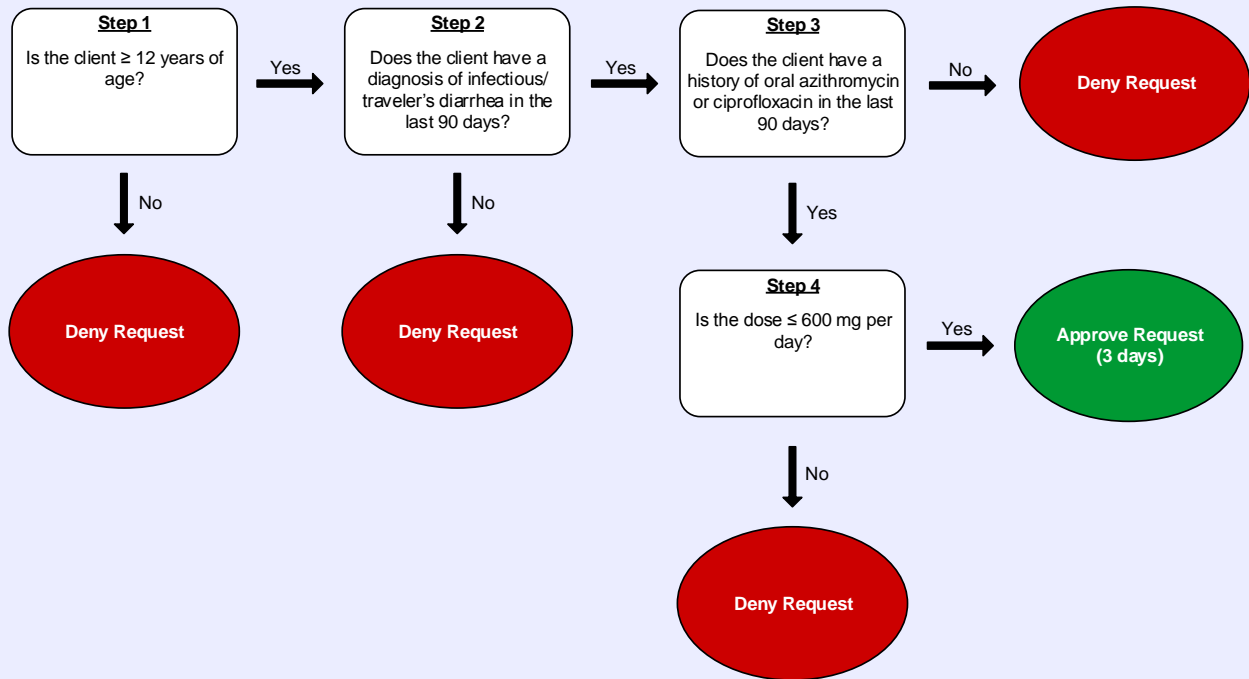
3. Does the client have a history of oral azithromycin or ciprofloxacin in the last 90 days?
 Yes (Go to #4)
 No (Deny)

4. Is the dose less than or equal to (\leq) 600 mg per day?
 Yes (Approve – 3 days)
 No (Deny)



Xifaxan (Rifaximin) 200mg

Clinical Criteria Logic Diagram





Xifaxan (Rifaximin)

Clinical Criteria Supporting Tables

Step 2 (diagnosis of infectious/traveler's diarrhea) Required diagnosis: 1 Look back timeframe: 90 days	
ICD-10 Code	Description
A040	ENTEROPATHOGENIC ESCHERICHIA COLI INFECTION
A041	ENTEROTOXIGENIC ESCHERICHIA COLI INFECTION
A042	ENTEROINVASIVE ESCHERICHIA COLI INFECTION
A043	ENTEROHEMORRHAGIC ESCHERICHIA COLI INFECTION
A044	OTHER INTESTINAL ESCHERICHIA COLI INFECTIONS
A045	CAMPYLOBACTER ENTERITIS
A046	ENTERITIS DUE TO YERSINIA ENTEROCOLITICA
A047	ENTEROCOLITIS DUE TO CLOSTRIDIUM DIFFICILE
A048	OTHER SPECIFIED BACTERIAL INTESTINAL INFECTIONS

Step 3 (history of oral azithromycin or ciprofloxacin) Required quantity: 1 Look back timeframe: 90 days	
Label Name	GCN
AZITHROMYCIN 1 GM PWD PACKET	48790
AZITHROMYCIN 100 MG/5 ML SUSP	48792
AZITHROMYCIN 200 MG/5 ML SUSP	61199
AZITHROMYCIN 250 MG TABLET	48793
AZITHROMYCIN 500 MG TABLET	61198
AZITHROMYCIN 600 MG TABLET	48794
CIPRO 10% SUSPENSION	47057
CIPRO 250 MG TABLET	47050
CIPRO 5% SUSPENSION	47056
CIPRO 500 MG TABLET	47051
CIPROFLOXACIN ER 1,000 MG TAB	20315
CIPROFLOXACIN ER 500 MG TABLET	18898
CIPROFLOXACIN HCL 100 MG TAB	47053
CIPROFLOXACIN HCL 250 MG TAB	47050
CIPROFLOXACIN HCL 500 MG TAB	47051
CIPROFLOXACIN HCL 750 MG TAB	47052

Step 3 (history of oral azithromycin or ciprofloxacin)	
Required quantity: 1	
Look back timeframe: 90 days	
Label Name	GCN
ZITHROMAX 1 GM POWDER PACKET	48790
ZITHROMAX 100 MG/5 ML SUSP	48792
ZITHROMAX 200 MG/5 ML SUSP	61199
ZITHROMAX 250 MG TABLET	48793
ZITHROMAX 500 MG TABLET	61198
ZITHROMAX 600 MG TABLET	48794

**Xifaxan (Rifaximin)****550mg****Drugs Requiring 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.

Drugs Requiring Prior Authorization	
Label Name	GCN
XIFAXAN 550 MG TABLET	28530

**Xifaxan (Rifaximin)****550mg****Clinical Criteria Logic**

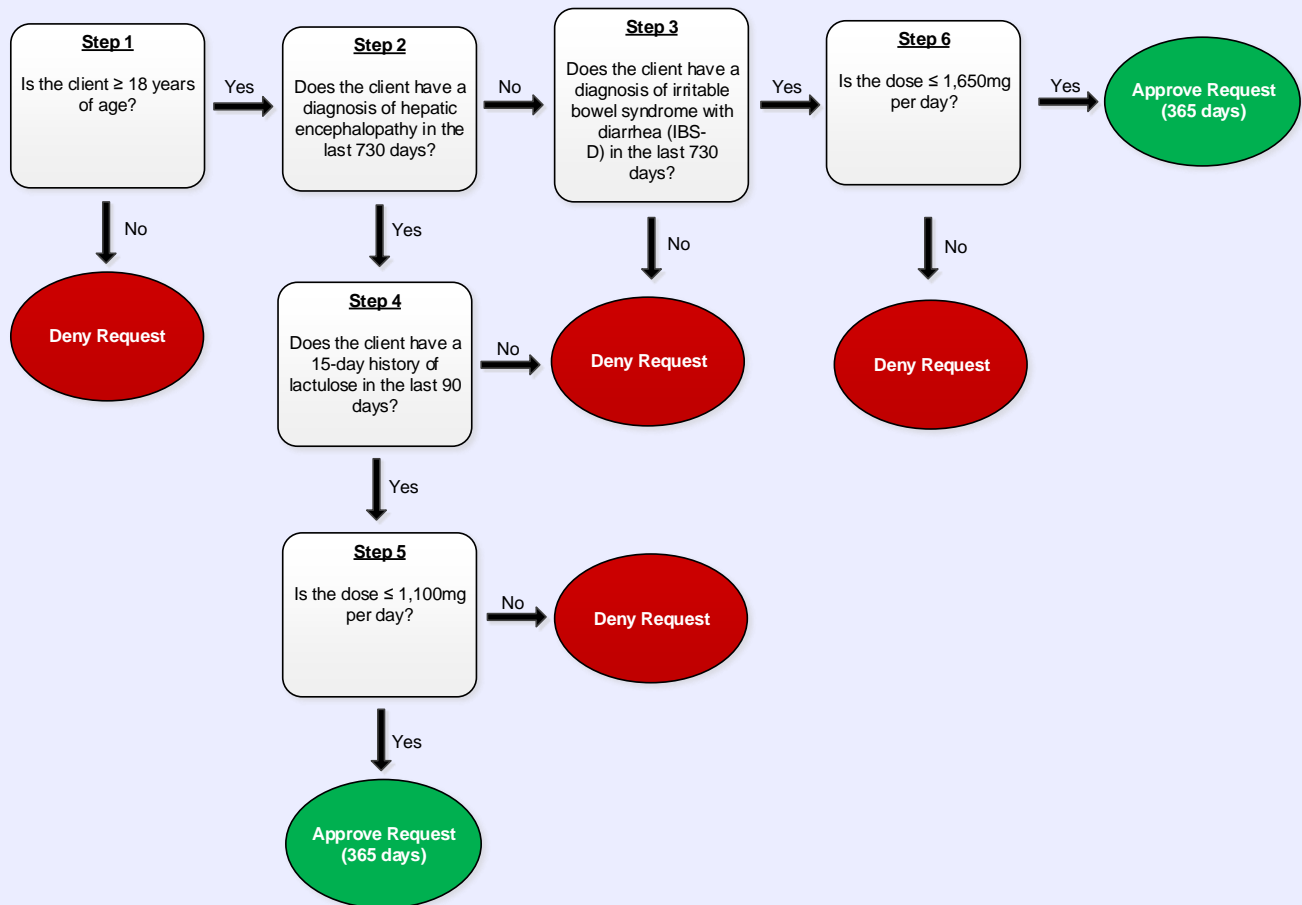
1. Is the client greater than or equal to (\geq) 18 years of age?
 Yes (Go to # 2)
 No (Deny)
2. Does the client have a diagnosis of hepatic encephalopathy in the last 730 days?
 Yes (Go to #4)
 No (Go to #3)
3. Does the client have a diagnosis of irritable bowel syndrome with diarrhea (IBS-D) in the last 730 days?
 Yes (Go to #6)
 No (Deny)
4. Does the client have a 15-day history of lactulose in the last 90 days?
 Yes (Go to #5)
 No (Deny)
5. Is the dose less than or equal to (\leq) 1,100mg per day?
 Yes (Approve - 365 days)
 No (Deny)
6. Is the dose less than or equal to (\leq) 1,650mg per day?
 Yes (Approve - 365 days)
 No (Deny)



Xifaxan (Rifaximin)

550mg

Clinical Criteria Logic Diagram





Xifaxan (Rifaximin)

550mg

Clinical Criteria Supporting Tables

Step 2 (diagnosis of hepatic encephalopathy) Required diagnosis: 1 Look back timeframe: 730 days	
ICD-10 Code	Description
K7290	HEPATIC FAILURE, UNSPECIFIED WITHOUT COMA
K7291	HEPATIC FAILURE, UNSPECIFIED WITH COMA

Step 3 (diagnosis of irritable bowel syndrome with diarrhea) Required diagnosis: 1 Look back timeframe: 730 days	
ICD-10 Code	Description
K580	IRRITABLE BOWEL SYNDROME WITH DIARRHEA

Step 4 (history of lactulose) Required quantity: 1 Look back timeframe: 90 days	
Label Name	GCN
CONSTULOSE 10 GM/15 ML SOLN	10167
ENULOSE 10 GM/15 ML SOLUTION	10160
GENERLAC 10 GM/15 ML SOLUTION	10160
KRISTALOSE 10 GM PACKET	10162
KRISTALOSE 20 GM PACKET	11118
LACTULOSE 10 GM/15 ML SOLUTION	10167



Xifaxan (Rifaximin)

Clinical Criteria References

1. Clinical Pharmacology. Available at www.clinicalpharmacology.com. Accessed on April 12, 2018.
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9. Connor, BA. Travelers' Health: Travelers' Diarrhea. Centers for Disease Control and Prevention. CDC Health Information for International Travel 2016. New York: Oxford University Press; 2016.
10. Riddle MS, Connor BA, Beeching NJ, et al. Guidelines for the prevention and treatment of travelers' diarrhea: a graded expert panel report. *Journal of Travel Medicine* 2017;24(1):S63-S80.
11. Sultan, Shahnaz et al. The AGA Institute Process for Developing Clinical Practice Guidelines Part One: Grading the Evidence. *Clinical Gastroenterology and Hepatology* 2014;11(4):329-332.
12. Ford AC, Moayyedi P, Lacy BE, et al. American College of Gastroenterology Monograph on the Management of Irritable Bowel Syndrome and Chronic Idiopathic Constipation. *Am J Gastroenterol* 2014;109:S2-S26.

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
01/31/2011	Initial publication and posting to website
10/21/2011	<ul style="list-style-type: none"> Added a new section to specify the drugs requiring prior authorization for each strength of Xifaxan In the "Clinical Edit Criteria Logic" and "Clinical Edit Criteria Logic Diagram" sections, clarified wording in step 3 In the "Clinical Edit Supporting Tables" sections, revised tables to specify the diagnosis codes pertinent to step 2 of the logic diagram In the "Clinical Edit Supporting Tables" sections, revised tables to specify the drugs pertinent to step 3 of the logic diagrams
04/03/2015	<ul style="list-style-type: none"> Updated to include ICD-10s
10/06/2015	<ul style="list-style-type: none"> Updated to include new indications for Xifaxan 550mg
04/12/2018	<ul style="list-style-type: none"> Annual review by staff Removed ICD-9 codes Updated question #3 to include azithromycin in logic and logic diagram, pages 4-5 Updated Table 2 and 3, pages 6-7 Updated references, page 12
03/29/2019	<ul style="list-style-type: none"> Updated to include formulary statement (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.) on each 'Drug Requiring PA' table