



# Xifaxan (Rifaximin) Clinical Edit Criteria

## Drug/Drug Class:

### Xifaxan (Rifaximin)

Superior HealthPlan follows the guidance of the Texas Vendor Drug Program (VDP) for all clinical edit criteria. Superior has adjusted the clinical criteria to ease the prior authorization process regarding this clinical edit. The lactulose lookback period was lengthened from 90 to 180 days. Using yellow borders and highlights, Superior has marked the ease in the edit step within the clinical edit criteria diagram.

The original clinical edit can be referenced at the Texas Vendor Drug Program website located at <https://paxpress.txpa.hidinc.com/xifaxan.pdf>.

## Clinical Edit Information Included in this Document:

- **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 edit criteria logic.
- **Diagnosis codes or drugs in step logic:** a list of diagnosis codes or drug information and additional step logic, claims and lookback period information.
- **Supporting tables:** a collection of information associated with the steps within the criteria (diagnosis codes, procedure codes, and therapy codes); provided when applicable
- **Clinical Edit References:** clinical edit references as provided by the Texas Vendor Drug Program.
- **Publication history:** to track when the eased criteria was put into production and any updates since this time.

**Please note: All tables are provided by original Texas Vendor Drug Program Xifaxan (Rifaximin) Edit. Eased criteria in yellow font or boxes.**

## 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](http://TxVendorDrug.com/formulary/formulary-search).

| Drugs Requiring Prior Authorization |       |
|-------------------------------------|-------|
| Label Name                          | GCN   |
| XIFAXAN 200 MG TABLET               | 93749 |
| XIFAXAN 550 MG TABLET               | 28530 |

## Superior HealthPlan Clinical Criteria Logic Xifaxan 200mg

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)

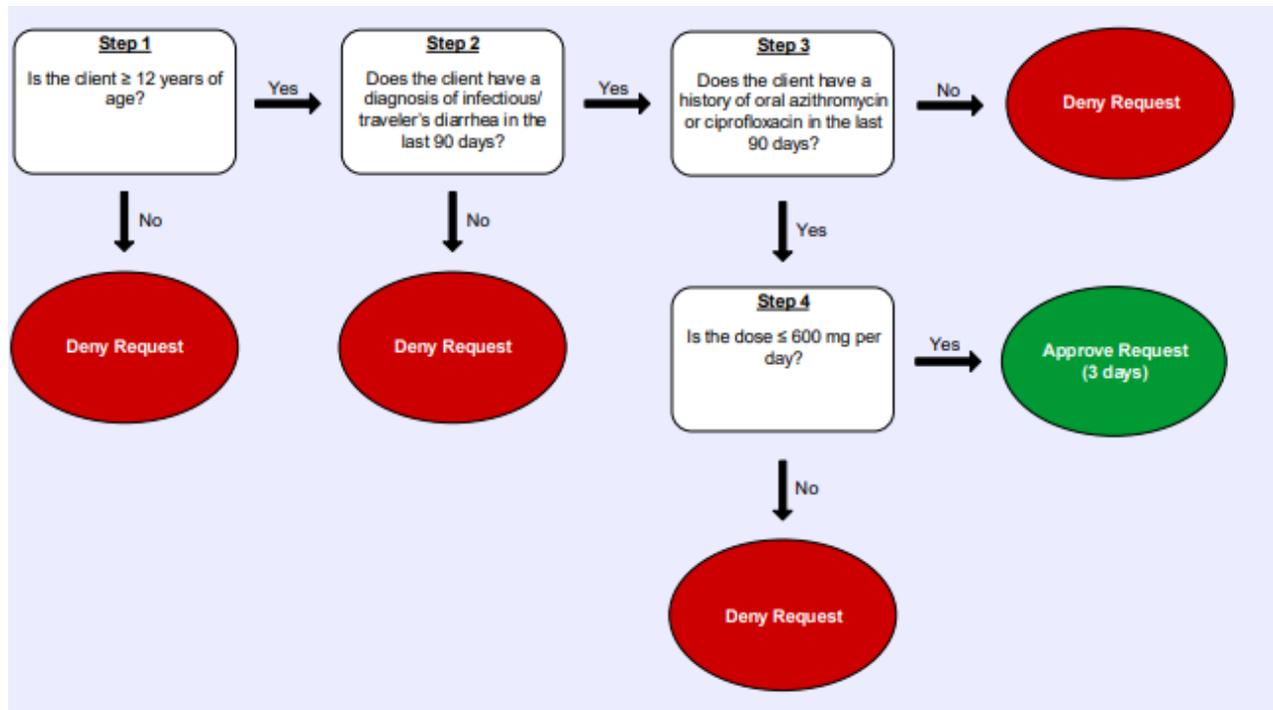
4. Is the dose less than or equal to ( $\leq$ ) 600 mg per day?

Yes (Approve – 3 days)

No (Deny)

## Superior HealthPlan Clinical Criteria Logic Diagram - Xifaxan 200mg

This diagram is consistent to the VDP guidance and is copied from VDP logic.



## Clinical Criteria Supporting Tables Xifaxan 200mg

| 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**

| <b>Label Name</b>            | <b>GCN</b> |
|------------------------------|------------|
| 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      |

## Superior HealthPlan Clinical Criteria Logic Xifaxan 550mg

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 180 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)

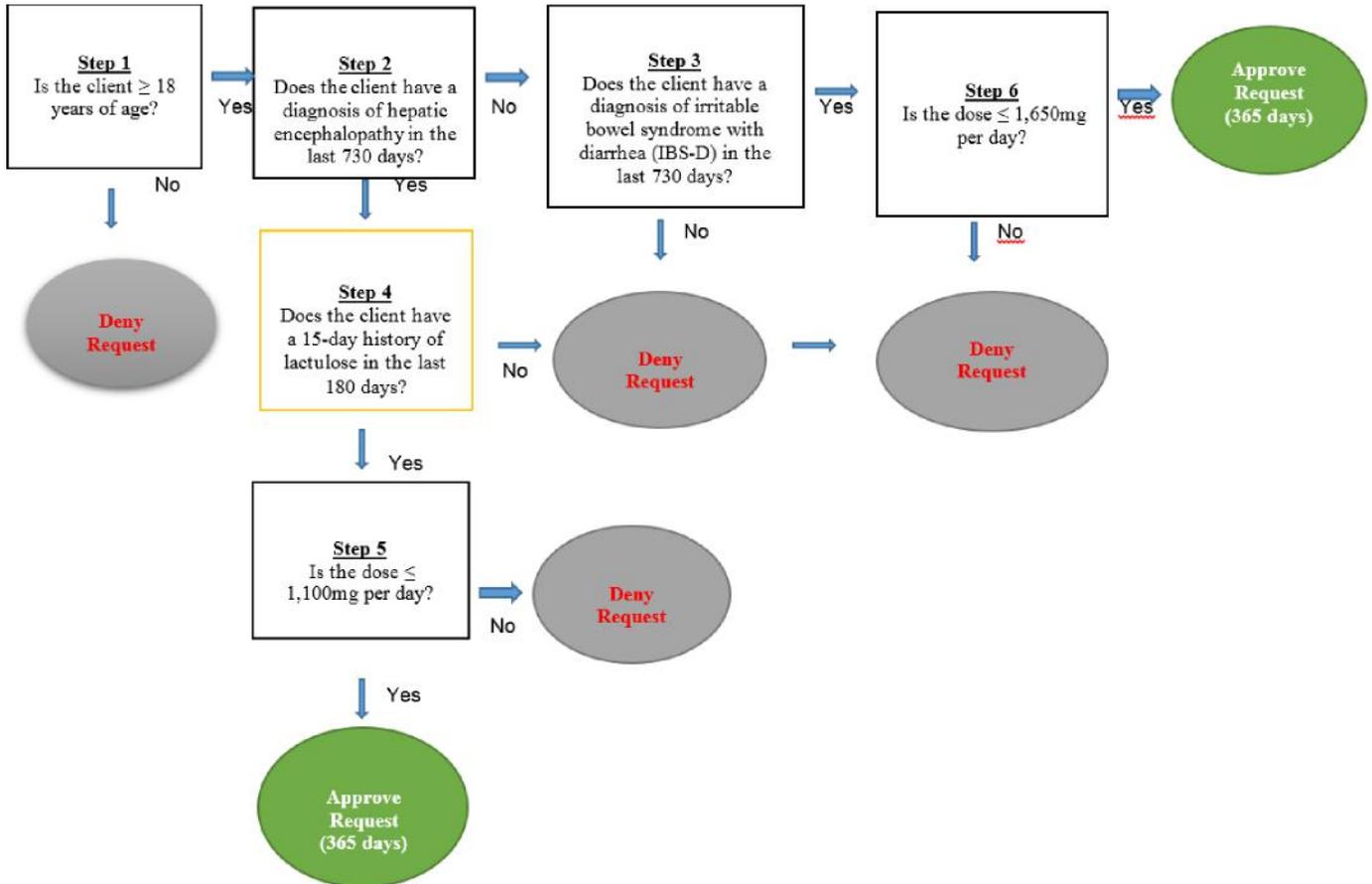
6. Is the dose less than or equal to ( $\leq$ ) 1,650mg per day?

Yes (Approve – 365 days)

No (Deny)

## Superior HealthPlan Clinical Criteria Logic Diagram Xifaxan 550mg

This diagram notes the change in lookback for lactulose from 90 to 180 days which eases prior authorization requirements.



## Clinical Criteria Supporting Tables Xifaxan 500mg

| 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: 180 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        |
| <b>LACTULOSE 10 GM/15 ML SOLUTION</b> | <b>10160</b> |
| LACTULOSE 10 GM/15 ML SOLUTION        | 10167        |

## Clinical Criteria References:

1. Clinical Pharmacology. Available at [www.clinicalpharmacology.com](http://www.clinicalpharmacology.com). Accessed on April 12, 2018.
2. MICROMEDEX Health Services. DRUGDEX evaluations: Available at [www.micromedex.com](http://www.micromedex.com). Accessed on April 12, 2018.
3. Xifaxin Prescribing Information. Raleigh, NC. Salix Pharmaceuticals, Inc. November 2015.
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5. 2015 ICD-10-CM Diagnosis Codes. 2015. Available at [www.icd10data.com](http://www.icd10data.com). Accessed on October 6, 2015.
6. American Medical Association data files. 2015 ICD-9-CM Diagnosis Codes. Available at [www.commerce.ama-assn.org](http://www.commerce.ama-assn.org).
7. American Medical Association data files. 2015 ICD-10-CM Diagnosis Codes. Available at [www.commerce.ama-assn.org](http://www.commerce.ama-assn.org).
8. Vilstrup H, Amodio P, Bajaj J, et al. AASLD Practice Guideline. Hepatic Encephalopathy in Chronic Liver Disease: 2014 Practice Guideline by the American Association for the Study of Liver Diseases and the European Association for the Study of the Liver. *Hepatology*, August 2014;60(2):715-735.
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:

| Publication Date | Notes  |
|------------------|--|
| 03/01/12         | Clinical edit added  |
| 07/01/2018       | Modified edit to lengthen lactulose lookback period which eases PA requirement. Reference tables, diagnosis codes, references and publication table per UMCM Chapter 3 requirements. All tables are cross referenced to VDP criteria.  |
| 10/18/2018       | Removed ICD 9 codes, Updated Xifaxan 200mg criteria question 3 to include azithromycin, all tables are cross referenced to VDP criteria, and updated references. Continued change in lactulose lookback period per previous P&T approval. (matches to VDP criteria dated 4/12/18)  |
| 4/13/2020        | 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 <a href="http://TxVendorDrug.com/formulary/formulary-search">TxVendorDrug.com/formulary/formulary-search</a> .) on each 'Drug Requiring PA' table<br>Update URL link to VDP |
| 4/15/2020        | Updated Step 4 (history of lactulose) table.   |