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 VDP website located at https://paxpress-txpa.acentra.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 VDP.
- 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 VDP Xifaxan (Rifaximin) Edit. Eased criteria in yellow font or boxes.

Drugs Requiring Prior Authorization:

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 (≥) 12 years of age?
[ ] Yes (Go to # 2)
[ ] No (Deny)

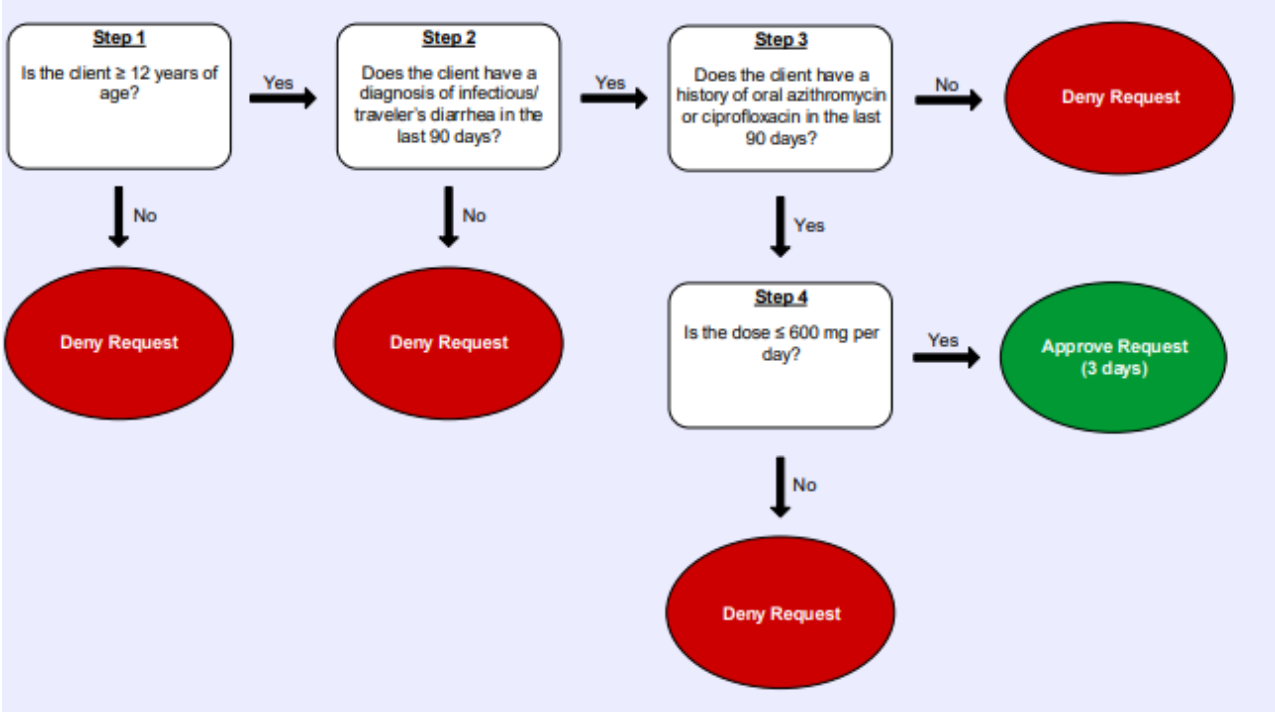
2. Does the client have a diagnosis of infectious/traveler's diarrhea in the last 90 days?
[ ] Yes (Go to #3)
[ ] No (Deny)

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 (≤) 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 250 MG/5 ML SUSP	47056
CIPROFLOXACIN 500 MG/5 ML SUSP	47057
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

Superior HealthPlan Clinical Criteria Logic Xifaxan 550mg

1. Is the client greater than or equal to (≥) 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)

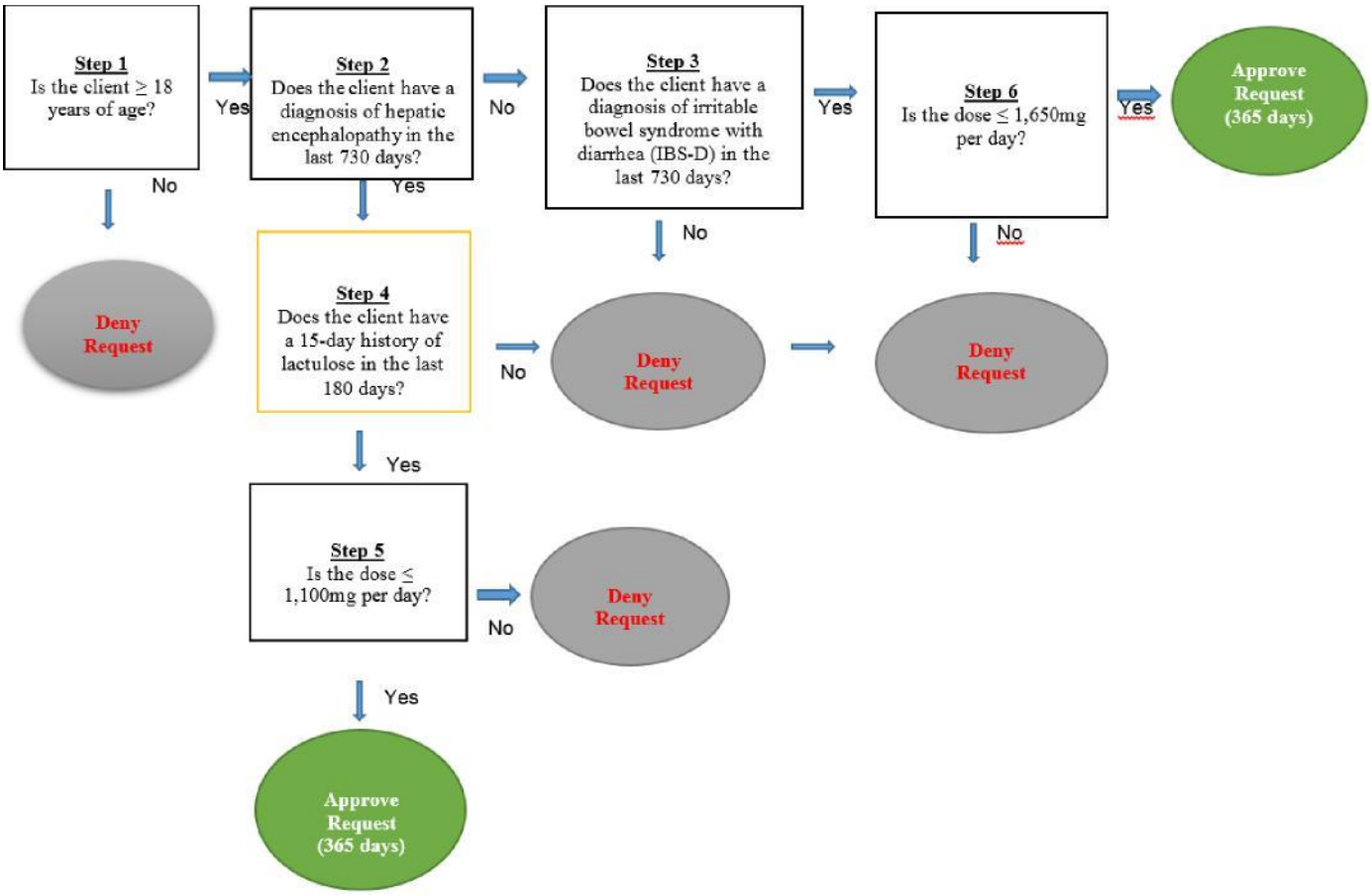
4. Does the client have a 15-day history of lactulose in the last 180 days?
[ ] Yes (Go to #5)
[ ] No (Deny)

5. Is the dose less than or equal to (≤) 1,100mg per day?
[ ] Yes (Approve - 365 days)
[ ] No (Deny)

6. Is the dose less than or equal to (≤) 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
~~LACTULOSE 10 GM/15 ML SOLUTION~~	~~10160~~
LACTULOSE 10 GM/15 ML SOLUTION	10167

Clinical Criteria References:

1. Clinical Pharmacology. Available at **www.clinicalpharmacology.com**. Accessed on July 31, 2024.
2. MICROMEDEX Health Services. DRUGDEX evaluations: Available at **www.micromedex.com**. Accessed on July 31, 2024.
3. Xifaxin Prescribing Information. Raleigh, NC. Salix Pharmaceuticals, Inc. October 2023.
4. 2015 ICD-9-CM Diagnosis Codes. 2015. Available at **www.icd9data.com**. Accessed on October 6, 2015.
5. Connor, BA. Travelers' Health: Travelers' Diarrhea. Centers for Disease Control and Prevention. CDC Health Information for International Travel 2024. New York: Oxford University Press; 2023.
6. 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.
7. Ford AC, Moayyedi P, Chey WD, et al. American College of Gastroenterology Monograph on the Management of Irritable Bowel Syndrome. Am J Gastroenterol 2018;113:1-18.
8. Lembo A, Sultan S, et al. AGA Clinical Practice Guideline of the Pharmacological Management of Irritable Bowel Syndrome With Diarrhea. Gastroenterol 2022;163(1):137-151.
9. 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.

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)
2/21/2024	Updated link for original clinical edit from VDP website Added GCNs for ciprofloxacin suspension (47056, 47057) to Step 3 table Removed GCN for lactulose 10 GM/15ML solution (10160) in step 4 table Updated References
11/27/2024	Updated References