

**Texas Prior Authorization Program
Clinical Edit Criteria**

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

- **Drugs requiring prior authorization:** the list of drugs requiring prior authorization for this clinical edit
- **Prior authorization criteria logic:** a description of how the prior authorization request will be evaluated against the clinical edit criteria rules
- **Logic diagram:** a visual depiction of the clinical edit 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 edit

Xifaxan 550mg

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

Revision Notes

- Added a new section to specify the drugs requiring prior authorization for each strength of Xifaxan
- In the “Clinical Edit Criteria Logic” and “Clinical 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 diagrams
- In the “Clinical Edit Supporting Tables” sections, revised tables to specify the drug names and GCNs pertinent to step 3 of the logic diagrams



**Xifaxan (Rifaximin)
200mg**

Drugs Requiring Prior Authorization

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



Xifaxan (Rifaximin)

200mg

Clinical Edit 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)

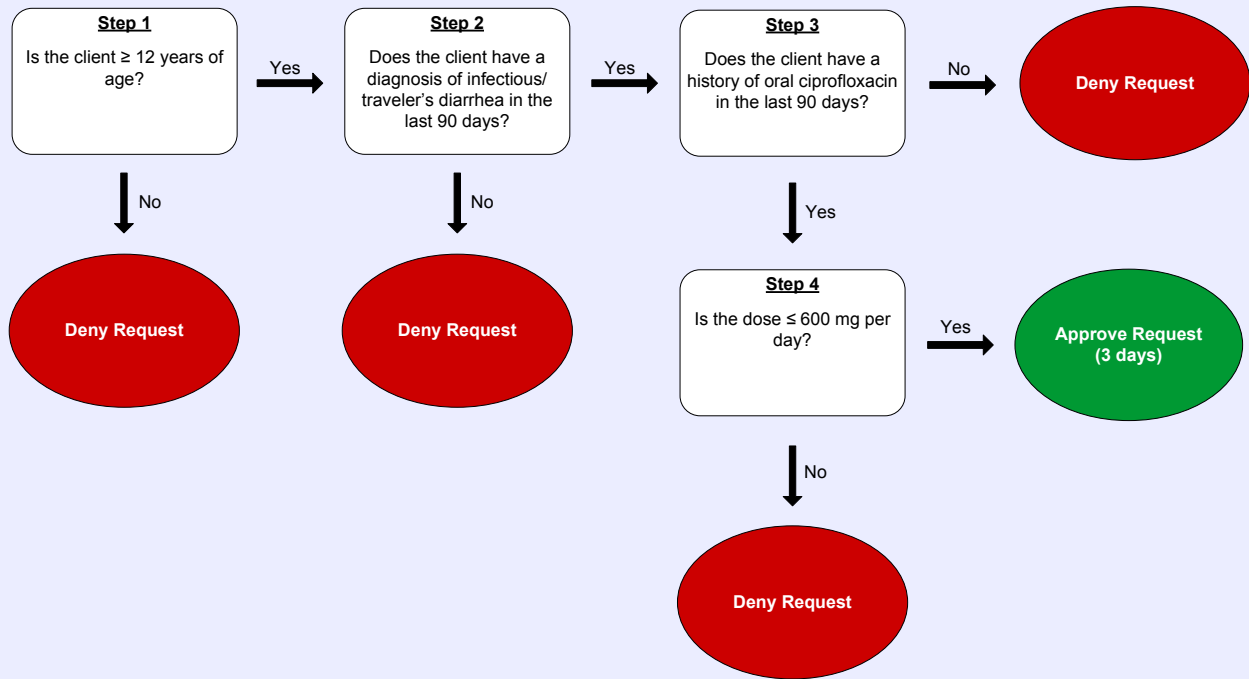
3. Does the client have a history of oral ciprofloxacin in the last 90 days?
 Yes (Go to #4)
 No (Deny)

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



Xifaxan (Rifaximin) 200mg

Clinical Edit Criteria Logic Diagram





Xifaxan (Rifaximin) 200mg

Clinical Edit Criteria Supporting Tables

Step 2 (diagnosis of infectious/traveler's diarrhea) Required diagnosis: 1 Look back timeframe: 90 days	
ICD-9 Code	Description
0080	INTESTINAL INFECTION DUE TO ESCHERICHIA COLI [E. COLI]
00800	INTEST INFECTION E COLI NOS
00801	INT INF E COLI ENTRPATH
00802	INT INF E COLI ENTRTOXGN
00803	INT INF E COLI ENTRNVSV
00804	INT INF E COLI ENTRHMRG
00809	INT INF E COLI SPCF NEC
0081	ARIZONA ENTERITIS
0082	AEROBACTER ENTERITIS
0083	PROTEUS ENTERITIS
0084	INTESTINAL INFECTION DUE TO OTHER SPECIFIED BACTERIA
00841	STAPHYLOCOCC ENTERITIS
00842	PSEUDOMONAS ENTERITIS
00843	INT INFECTION CAMPYLOBACTER
00844	INT INF YRSNIA ENTRCLTCA
00845	INT INF CLSTRDIUM DFCILE
00846	INTES INFECTION OTH ANEROBES
00847	INT INF OTH GRM NEG BCTR
00849	BACTERIAL ENTERITIS NEC
0092	INFECTIOUS DIARRHEA NOS

Step 3 (history of oral ciprofloxacin) Required quantity: 1 Look back timeframe: 90 days	
Label Name	GCN
CIPRO 5% SUSPENSION	47056
CIPRO 10% SUSPENSION	47057
CIPRO 250 MG TABLET	47050
CIPRO 500 MG TABLET	47051

Step 3 (history of oral ciprofloxacin)	
Required quantity: 1	
Look back timeframe: 90 days	
Label Name	GCN
CIPRO 750 MG TABLET	47052
CIPRO XR 500 MG TABLET	18898
CIPROFLOXACIN ER 500 MG TABLET	18898
CIPROFLOXACIN ER 1,000 MG TAB	20315
CIPROFLOXACIN HCL 100 MG TAB	47053
CIPROFLOXACIN HCL 250 MG TAB	47050
CIPROFLOXACIN HCL 500 MG TAB	47051
CIPROFLOXACIN HCL 750 MG TAB	47052



**Xifaxan (Rifaximin)
550mg**

Drugs Requiring Prior Authorization

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



Xifaxan (Rifaximin)

550mg

Clinical Edit 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 #3)
 No (Deny)

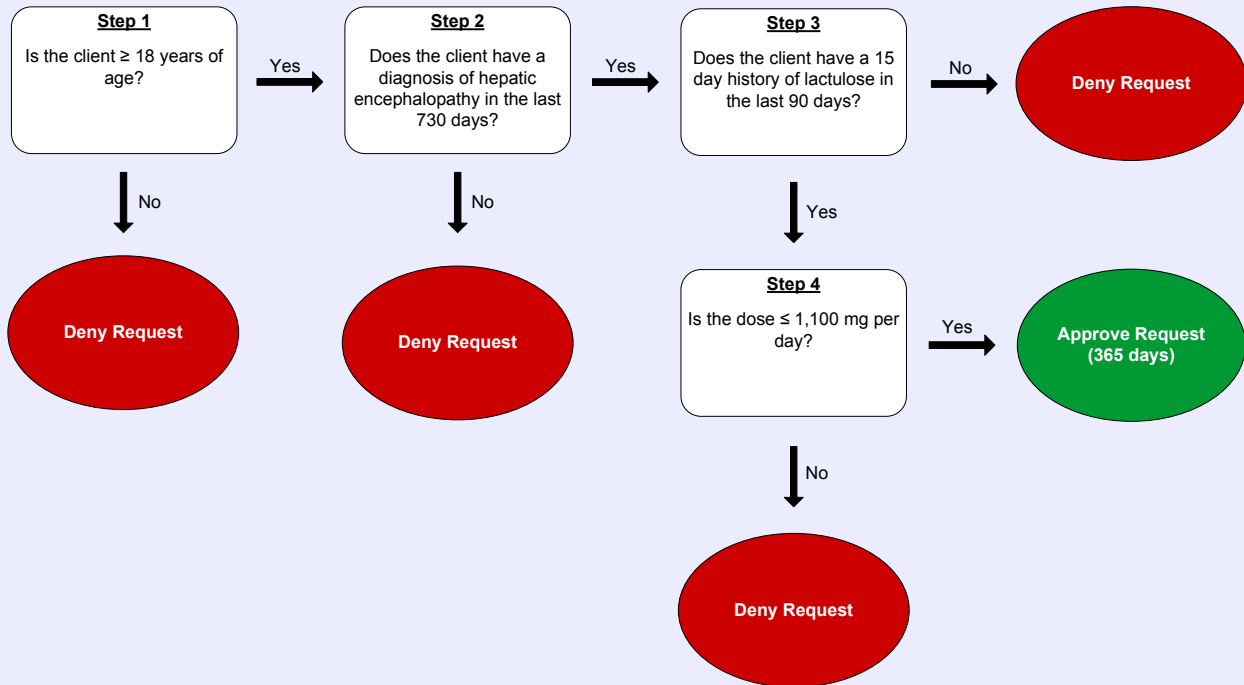
3. Does the client have a 15-day history of lactulose in the last 90 days?
 Yes (Go to #4)
 No (Deny)

4. Is the dose less than or equal to (\leq) 1,100 mg per day?
 Yes (Approve - 365 days)
 No (Deny)



Xifaxan (Rifaximin) 550mg

Clinical Edit Criteria Logic Diagram





Xifaxan (Rifaximin)

550mg

Clinical Edit Criteria Supporting Tables

Step 2 (diagnosis of hepatic encephalopathy) Required diagnosis: 1 Look back timeframe: 730 days	
ICD-9 Code	Description
5722	HEPATIC ENCEPHALOPATHY

Step 3 (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	10160
LACTULOSE 10 GM/15 ML SOLUTION	10167



Xifaxan (Rifaximin)

Clinical Edit Criteria References

1. Clinical Pharmacology. Rifaximin monograph. Available at www.clinicalpharmacology.com. Accessed on August 17, 2006.
2. MICROMEDEX Health Services. DRUGDEX evaluations: Rifaximin drug evaluation. Available at www.micromedex.com. Accessed on August 17, 2006.
3. Xifaxin® (rifaximin) Prescribing Information. Raleigh, NC: Salix Pharmaceuticals, Inc. 2004.

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