

**Texas Prior Authorization Program
Clinical Criteria**

Drug/Drug Class

Xifaxan (Rifaximin)

Clinical Criteria Information included in this Document

Xifaxan 200 mg

- [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 550 mg

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- [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

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

Revision Notes

Annual review by staff

Added levofloxacin to question 3 and Table 3 for Xifaxan 200 mg

Updated references

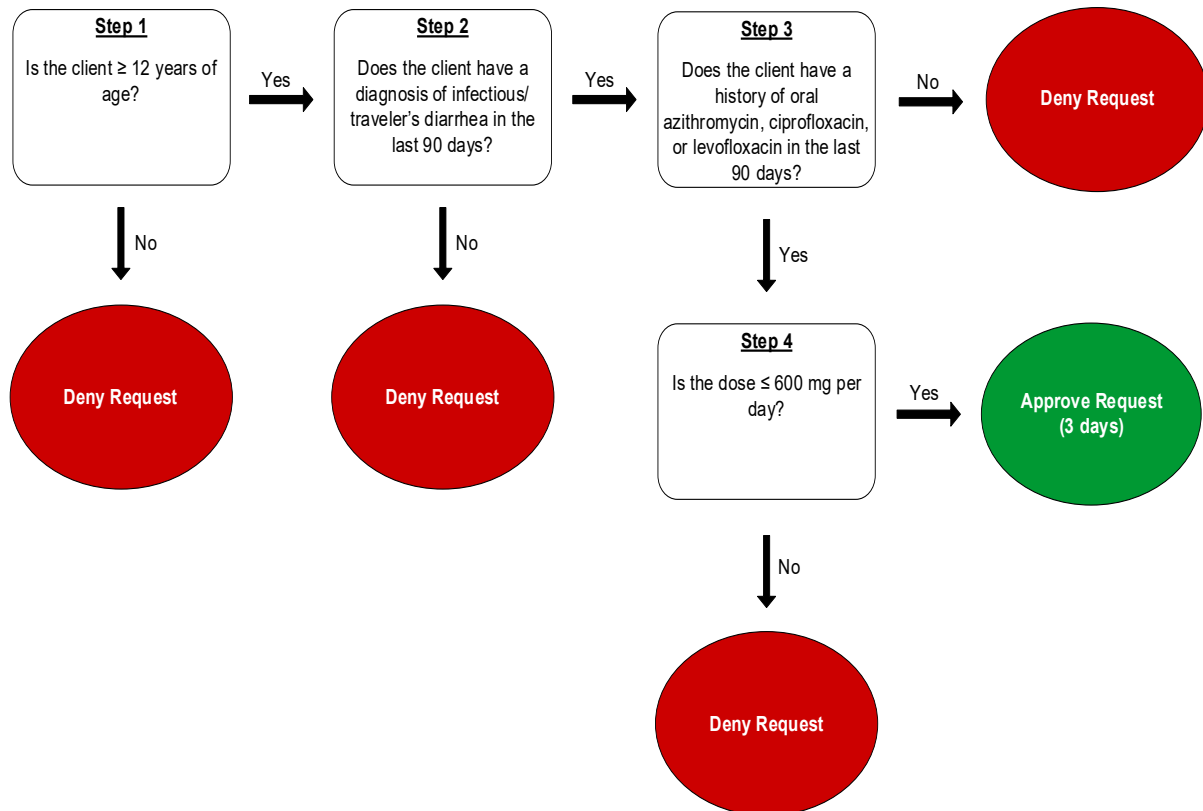
**Xifaxan (Rifaximin) 200 mg**
Drugs Requiring Prior Authorization

The listed GCNs may not be an indication of Texas Medicaid Formulary coverage. To learn the current formulary coverage, visit txvendordrug.com/formulary/formulary-search.

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

**Xifaxan (Rifaximin) 200 mg****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, ciprofloxacin, or levofloxacin](#) 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) 200 mg****Clinical Criteria Logic Diagram**



Xifaxan (Rifaximin) 200 mg

Clinical Criteria Supporting Tables

Table 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

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

Table 3 (history of oral azithromycin, ciprofloxacin, or levofloxacin) Required quantity: 1 Look back timeframe: 90 days	
GCN	Label Name
47057	CIPRO 10% SUSPENSION
47050	CIPRO 250 MG TABLET
47056	CIPRO 5% SUSPENSION
47051	CIPRO 500 MG TABLET
47056	CIPROFLOXACIN 250 MG/5 ML SUSP
47057	CIPROFLOXACIN 500 MG/5 ML SUSP
20315	CIPROFLOXACIN ER 1,000 MG TAB
18898	CIPROFLOXACIN ER 500 MG TABLET
47053	CIPROFLOXACIN HCL 100 MG TAB
47050	CIPROFLOXACIN HCL 250 MG TAB
47051	CIPROFLOXACIN HCL 500 MG TAB
47052	CIPROFLOXACIN HCL 750 MG TAB
23725	LEVAQUIN 25 MG/ML SOLUTION
47073	LEVAQUIN 250 MG TABLET
47074	LEVAQUIN 500 MG TABLET
89597	LEVAQUIN 750 MG TABLET
23725	LEVOFLOXACIN 25 MG/ML SOLUTION
47073	LEVOFLOXACIN 250 MG TABLET
47074	LEVOFLOXACIN 500 MG TABLET
89597	LEVOFLOXACIN 750 MG TABLET
48790	ZITHROMAX 1 GM POWDER PACKET
48792	ZITHROMAX 100 MG/5 ML SUSP
61199	ZITHROMAX 200 MG/5 ML SUSP

Table 3 (history of oral azithromycin, ciprofloxacin, or levofloxacin) Required quantity: 1 Look back timeframe: 90 days	
GCN	Label Name
48793	ZITHROMAX 250 MG TABLET
61198	ZITHROMAX 500 MG TABLET
48794	ZITHROMAX 600 MG TABLET

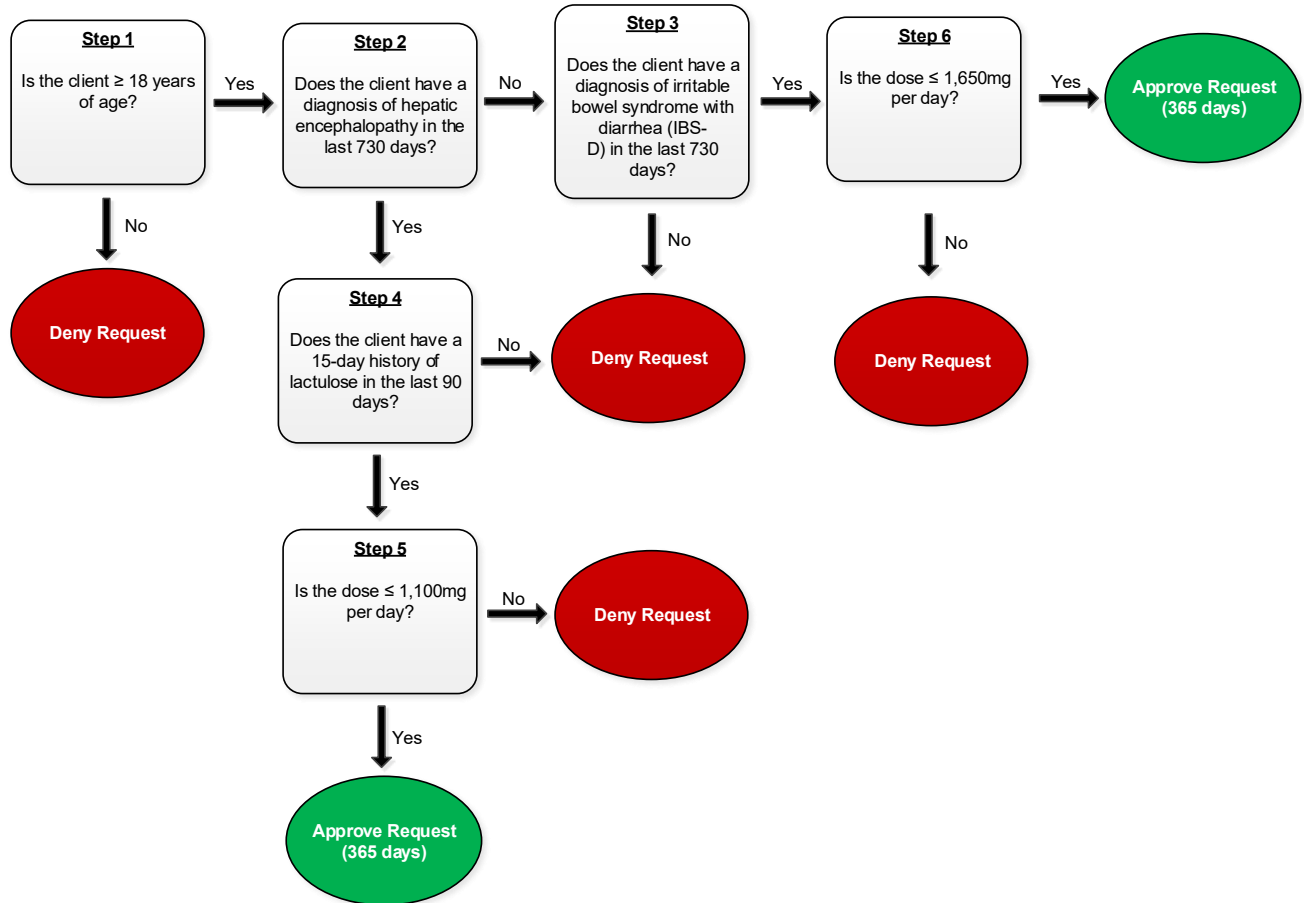
**Xifaxan (Rifaximin) 550 mg**
Drugs Requiring Prior Authorization

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

**Xifaxan (Rifaximin) 550 mg****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 ($\leq$) 1,100 mg per day?
☐ Yes – Approve (365 days)
☐ No – Deny
6. Is the dose less than or equal to ($\leq$) 1,650 mg per day?
☐ Yes – Approve (365 days)
☐ No – Deny

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



Xifaxan (Rifaximin) 550 mg

Clinical Criteria Supporting Tables

Table 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

Table 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

Table 4 (history of lactulose)

Required diagnosis: 1

Look back timeframe: 90 days

GCN	Label Name
10167	CONSTULOSE 10 GM/15 ML SOLN
10160	ENULOSE 10 GM/15 ML SOLUTION
10160	GENERLAC 10 GM/15 ML SOLUTION
10162	KRISTALOSE 10 GM PACKET
11118	KRISTALOSE 20 GM PACKET
10167	LACTULOSE 10 GM/15 ML SOLUTION



Xifaxan (Rifaximin)

Clinical Criteria References

1. Clinical Pharmacology. Available at www.clinicalpharmacology.com. Accessed on April 16, 2025.
2. MICROMEDEX Health Services. DRUGDEX evaluations: Available at www.micromedex.com. Accessed on April 16, 2025.
3. Xifaxan Prescribing Information. Bridgewater, NJ: Salix Pharmaceuticals Inc; October 2023.
4. 2025 ICD-10-CM Diagnosis Codes. 2025. Available at www.icd10data.com. Accessed on April 16, 2025.
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. Last reviewed: January 31, 2025.
6. Connor, BA. Travelers' Health: Travelers' Diarrhea. Centers for Disease Control and Prevention. CDC Health Information for International Travel 2020. New York: Oxford University Press; 2020.
7. 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.
8. 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.
9. 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.



Xifaxan (Rifaximin)

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	- 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	Updated to include ICD-10s
10/06/2015	Updated to include new indications for Xifaxan 550mg
04/12/2018	- Annual review by staff - Removed ICD-9 codes - Updated question #3 to include azithromycin in logic and logic diagram - Updated Table 2 and 3 - Updated references
03/29/2019	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
04/30/2021	- Annual review by staff - Added GCNs for ciprofloxacin suspension (47056, 47057) to Table 3 - Updated references
12/08/2023	- Annual review by staff - Updated references
07/31/2024	- Annual review by staff - Updated references

Publication Date	Notes
04/30/2025	• Annual review by staff • Added levofloxacin to question 3 and Table 3 for Xifaxan 200 mg • Updated references