

Market Applicability/Effective Date															
Market	FL & FHK	FL MMA	FL LTC	GA	IND	KS	KY	LA	MD	NJ	NV	NY	TN	TX	WA
Applicable	X	NA	NA	X	X	NA	X	X	X	X	X	X	NA	NA	X

\*FHK- Florida Healthy Kids

## Xifaxan (rifaximin)

Override(s)
Prior Authorization
Quantity Limit

Diagnosis	Strength	Approval Duration
Hepatic Encephalopathy	550mg tablets	1 Year
Travelers' Diarrhea	200mg tablets	1 Time <b><i>Only</i></b>
Irritable bowel syndrome with diarrhea (IBS-D)	550mg tablets	Individual may have three 14 day courses of therapy within a 266 day time frame.

Medication	Strength	Quantity Limits
Xifaxan (rifaximin)	200mg tablets	9 tabs/30 days
Xifaxan (rifaximin)	550mg tablets	42 tablets per fill; 3 fills per 36 weeks*

**\*If Xifaxan (rifaximin) is being requested for prevention of overt hepatic encephalopathy recurrence, 2 tablets per day may be approved with no limits on number of fills.**

### APPROVAL CRITERIA

Requests for Xifaxan (rifaximin) may be approved for patients who meet the following criteria:

- I. For Travelers' Diarrhea
  - a. The individual is 12 years of age or older; **AND**
  - b. The individual has a documented diagnosis of travelers' diarrhea caused by non-invasive strains of *Escherichia coli*; **AND**
  - c. The individual has already been started on Xifaxan and needs to complete treatment; **OR**
  - d. The individual has had a trial and inadequate response or intolerance to one of the following medications or has a contraindications to all of the following medications (CDC, 2012):
    - i. Generic fluoroquinolone
    - ii. Azithromycin

This policy does not apply to health plans or member categories that do not have pharmacy benefits, nor does it apply to Medicare. Note that market specific restrictions or transition-of-care benefit limitations may apply.

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**Note: Xifaxan (rifaximin) 200mg tablets are the only strength indicated for the treatment of travelers' diarrhea.**

**OR**

- II.** For Hepatic Encephalopathy
- a. Using to reduce the risk of overt hepatic encephalopathy (HE) recurrence; **AND**
  - b. The individual is 18 years of age or older; **AND**
  - c. The individual has had a trial and inadequate response or intolerance to or has a contraindication lactulose (AASLD, 2014);

**Note: Xifaxan (rifaximin) 550mg tablets are the only recommended strength indicated for the treatment of Hepatic Encephalopathy. Xifaxan (rifaximin) 550mg tablets are not indicated for travelers' diarrhea.**

**OR**

- III.** For Irritable Bowel Syndrome with diarrhea
- a. Individual is using for the treatment of irritable bowel syndrome with diarrhea (IBS-D); **AND**
  - b. Individual is 18 years of age or older; **AND**
  - c. Individual has had a trial and inadequate response or intolerance to one of the following medications or has a contraindication to all of the following medications:
    - i. Loperamide; **OR**
    - ii. Antispasmodics (hyoscyamine, dicyclomine); **OR**
    - iii. Tricyclic antidepressants (AGA 2014).

**Note: Xifaxan (rifaximin) 550mg tablets are the only recommended strength indicated for the treatment of IBS-D.**

State Specific Mandates		
N/A	N/A	N/A

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Applicable	X	NA	NA	X	X	NA	X	X	X	X	X	X	NA	NA	X

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**Key References:**

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