

<b>POLICY NAME</b>	Xifaxan (rifaximin)	<b>POLICY #</b>	1613P
--------------------	---------------------	-----------------	-------

## Criteria

### Coverage Criteria for Xifaxan 200mg

- ☐ Member is age 12 years or older
- ☐ Documented diagnosis of travelers' diarrhea caused by non-invasive strains of Escherichia coli
- ☐ Documented failure to respond or contraindication to one of the following medications
  - A fluoroquinolone
  - Azithromycin
- ☐ Managed Dose Limit (MDL) of 9 tablets per 30 days per rolling 12 months
- ☐ Approval Period: 9 tablets per 30 days within 12 months

### Coverage Criteria for Xifaxan 550mg for Hepatic Encephalopathy

- ☐ Member is age 18 years or older
- ☐ Documented diagnosis of Hepatic Encephalopathy
- ☐ Documented failure to respond or contraindication to lactulose
- ☐ Managed Dose Limit (MDL) of 60 tablets per 30 days
- ☐ Approval Period: 12 months

### Coverage Criteria for Xifaxan 550mg for IBS-D without Constipation

- ☐ Member is age 18 years or older
- ☐ Documented diagnosis of moderate to severe Irritable Bowel Syndrome with Diarrhea, defined as the presence of loose or watery stools with 25% of bowel movements and hard or lumpy stools with < 25% of bowel movements
- ☐ Documented failure to respond or contraindication to any THREE of the following:
  - loperamide
  - bile acid sequestrant (cholestyramine, colestipol, colesevelam)
  - antispasmodic agent (dicyclomine, hyoscyamine)
  - tricyclic antidepressant (amitriptyline, nortriptyline, and imipramine)

☐ Managed Dose Limit (MDL) of 42 tablets per 14 days

---

☐ Approval Period: 42 tablets per 14 days within 12 months; each individual treatment will require a new authorization

- Maximum of 3 treatments per year

### Coverage Criteria for Xifaxan for Small Intestine Bacterial Overgrowth

☐ Documented diagnosis of Small Intestine Bacterial Overgrowth measured by hydrogen breath test or duodenal aspirate and culture

---

☐ Ordered by a Gastroenterologist (stomach doctor)

---

☐ Documented failure to respond to at least one previous antibiotic

---

☐ Managed Dose Limit (MDL) of 42 tablets per 14 days

---

☐ Approval Period: 42 tablets per 14 days within 12 months; each individual treatment will require a new authorization

- Maximum of 3 treatments per year CPT Codes HCPCS Codes References