

POLICY NAME	Xifaxan (rifaximin)	POLICY #	1613P
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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