

**POLICY NAME**

Xifaxan (rifaximin)

**POLICY #**

## Criteria

### Coverage Criteria for Xifaxan 200mg

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

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

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

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

- ☐ **3.1** Member is age 18 years or older
- ☐ **3.2** 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
- ☐ **3.3** 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)
- ☐ **3.4** Managed Dose Limit (MDL) of 42 tablets per 14 days
- ☐ **3.5** 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

- ☐ **4.1** Documented diagnosis of Small Intestine Bacterial Overgrowth measured by hydrogen breath test or duodenal aspirate and culture
- ☐ **4.2** Ordered by a Gastroenterologist (stomach doctor)
- ☐ **4.3** Documented failure to respond to at least one previous antibiotic
- ☐ **4.4** Managed Dose Limit (MDL) of 42 tablets per 14 days
- ☐ **4.5** 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