

Gateway Health  
Prior Authorization Criteria  
**Xifaxan (Rifaximin)**

All requests for Xifaxan (rifaximin) require a prior authorization and will be screened for medical necessity and appropriateness using the criteria listed below.

Drug Name Prior Authorization Criteria:

For all requests for Xifaxan all of the following criteria must be met:

- The requested dose and frequency is in accordance with FDA-approved labeling, nationally recognized compendia, and/or evidence-based practice guidelines

Coverage may be provided with a diagnosis of Traveler's Diarrhea and the following criteria is met:

- Medication strength must be Xifaxan 200mg tablet
- Member is 12 years of age or older
- Member must have diagnosis of traveler's diarrhea caused by non-invasive strains of *Escherichia coli*
- Member must not have diarrhea complicated by fever or bloody stools
- **Initial Duration of Approval:** 3-day course of therapy (9 tablets) of the 200 mg tablets in any 30-day period.
- **Reauthorization criteria**
  - Member must be reevaluated for preauthorization

Coverage may be provided with a diagnosis of Hepatic Encephalopathy and the following criteria is met:

- Medication strength must be Xifaxan 550mg tablet
- Member is 18 years of age or older
- Member must have a history of trial and failure, contraindication, or intolerance of at least 2 days of treatment with nonabsorbable disaccharides (i.e. lactulose, lactitol)
- **Initial Duration of Approval:** 6 months
- **Reauthorization criteria**
  - Clinical documentation of improvement in member's mental status.
- **Reauthorization Duration of Approval:** 6 months

Coverage may be provided with a diagnosis of Irritable Bowel Syndrome (IBS) with diarrhea and the following criteria is met:

- Medication strength must be Xifaxan 550mg tablet
- Member is 18 years of age or older

- Member must have failed dietary modifications [e.g. lactose restricted diet, if lactose intolerant; exclusion of gas-producing foods; low carbohydrate diet, and elimination of fermentable oligo-, di-, and monosaccharides and polyols (FODMAPs)].
- Member must have a history of trial and failure, contraindication, or intolerance to ALL of the following:
  - Two-week trial of antispasmodic agents (e.g. dicyclomine)
  - Six-week trial of Tricyclic antidepressants (e.g. amitriptyline, imipramine)
- **Initial Duration of Approval:** 14 days
- **Reauthorization criteria**
  - There must be documented, significant improvement with prior courses of treatment.
  - Member will have a limit of three 14-day course treatments. Member must wait 1 full month before being reevaluated for preauthorization.

**Reauthorization Duration of Approval:** 14 days

When criteria are not met, the request will be forwarded to a Medical Director for review. The physician reviewer must override criteria when, in their professional judgment, the requested medication is medically necessary.