

# Xifaxan (rifaximin)

Override(s)
Prior Authorization
Quantity Limit

Diagnosis	Strength	Approval Duration
Hepatic Encephalopathy	550mg tablets	1 year
Travelers' Diarrhea	200mg tablets	1 month
Irritable bowel syndrome with diarrhea (IBS-D)	550mg tablets	1 year
Small Intestinal Bacterial Overgrowth (SIBO)	200mg, 550mg tablets	1 year
Acute Pouchitis	200mg, 550mg tablets	1 month
Chronic Antibiotic-Dependent Pouchitis	200mg, 550mg tablets	6 months

Medication	Strength	Quantity Limits
Xifaxan (rifaximin)	200mg tablets	9 tabs; 1 fill per 30 days**
Xifaxan (rifaximin)	550mg tablets	42 tablets per fill; 3 fills per 36 weeks*

**\*\*If Xifaxan (rifaximin) 200 mg is being requested for the treatment of small intestinal bacterial overgrowth, 112 tablets may be approved per fill; 3 fills per 36 weeks.**

**\*\*If Xifaxan (rifaximin) 200 mg is being requested for the treatment of acute pouchitis, may approve up to 168 tablets (AHFS).**

**\*\*If Xifaxan (rifaximin) 200 mg is being requested for chronic antibiotic-dependent pouchitis, may approve up to 6 tablets per day.**

**\*If Xifaxan (rifaximin) 550 mg is being requested for prevention of overt hepatic encephalopathy recurrence, 2 tablets per day may be approved with no limits on number of fills.**

**\*If Xifaxan (rifaximin) 550 mg is being requested for the treatment of acute pouchitis, may approve up to 42 tablets per fill; 1 fill per month.**

**\* If Xifaxan (rifaximin) 550 mg is being requested for chronic antibiotic-dependent pouchitis, may approve up to 3 tablets per day.**

## **APPROVAL CRITERIA**

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

- I. For Travelers' Diarrhea
  - A. Individual has a diagnosis of travelers' diarrhea (TD) ; **AND**
  - B. Individual has already been started on Xifaxan (rifaximin) and needs to complete treatment; **OR**
  - C. Individual has had a trial and inadequate response or intolerance to one of the following agents (1. **or** 2. below) or has a contraindications to all of the following agents (both 1. **and** 2. below) (CDC, 2026). Medication samples/coupons/discount cards are excluded from consideration as a trial.:
    - 1. Generic fluoroquinolone (ciprofloxacin or levofloxacin);
    - 2. Generic azithromycin;

***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;

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

**OR**

- III. For Irritable Bowel Syndrome with diarrhea
  - A. Individual is using for the treatment of irritable bowel syndrome with diarrhea (IBS-D); **AND**

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

**OR**

- IV. For Small Intestinal Bacterial Overgrowth (SIBO)
  - A. Individual is using for the treatment of small intestinal bacterial overgrowth (ACG 2020);

**OR**

- V. For Ulcerative Colitis with ileal pouch-anal anastomosis (AGA 2024):
  - A. Individual has acute pouchitis and has had a trial and inadequate response or intolerance or contraindication to ciprofloxacin AND metronidazole. Medication samples/coupons/discount cards are excluded from consideration as a trial.; **OR**
  - B. Individual has chronic antibiotic-dependent pouchitis and is requesting to use Xifaxan (rifaximin) in cyclical combination with ciprofloxacin and metronidazole unless not tolerated or contraindicated.

## **Key References:**

1. Barnes EL, Agrawal M, Syal G, et al. AGA clinical practice guideline on the management of pouchitis and inflammatory pouch disorders. *Gastroenterology*. 2024; 166(1):59-85.
2. Centers for Disease Control (CDC). CDC Yellow Book: Health Information for International Travel. 2026. Travelers' Diarrhea. Available at: <https://www.cdc.gov/yellow-book/hcp/preparing-international-travelers/travelers-diarrhea.html>. Last Updated: April 23, 2025. Accessed: September 7, 2025.
3. DailyMed. Package inserts. U.S. National Library of Medicine, National Institutes of Health website. <http://dailymed.nlm.nih.gov/dailymed/about.cfm>. Accessed: September 7, 2025.
4. DrugPoints® System [electronic version]. Truven Health Analytics, Greenwood Village, CO. Updated periodically.
5. Lexi-Comp ONLINE™ with AHFS™, Hudson, Ohio: Lexi-Comp, Inc. Updated periodically. Pimentel M, Saad RJ, Long MD, Rao SSC. ACG Clinical Guideline: Small Intestinal Bacterial Overgrowth. *Am J Gastroenterol*. 2020;115(2):165-178.
6. Chang L, Lembo A, Sultan S. American Gastroenterological Association Institute Technical Review on the Pharmacological Management of Irritable Bowel Syndrome. *Gastroenterology*. 2014; 147(5):1149–1172.
7. DailyMed. Package inserts. U.S. National Library of Medicine, National Institutes of Health website. <http://dailymed.nlm.nih.gov/dailymed/about.cfm>.
8. DrugPoints® System [electronic version]. Truven Health Analytics, Greenwood Village, CO. Updated periodically.
9. Ford AC, Moayyedi P, Chey WD; ACG Task Force on Management of Irritable Bowel Syndrome. American College of Gastroenterology Monograph on Management of Irritable Bowel Syndrome. *Am J Gastroenterol*. 2018. Jun;113(Suppl 2):1-18.
10. Lacy BE, Pimentel M, Brenner DM, et al; ACG Clinical Guideline: Management of Irritable Bowel Syndrome. *Am J Gastroenterol*. 2021 Jan 1;116:17-44.
11. Lembo, A., Sultan, S., Chang, L., Heidelbaugh, J. J., Smalley, W., & Verne, G. N. (2022). AGA Clinical Practice Guideline on the Pharmacological Management of Irritable Bowel Syndrome With Diarrhea. *Gastroenterology*, 163(1), 137–151. <https://doi.org/10.1053/j.gastro.2022.04.017>
12. Lexi-Comp ONLINE™ with AHFS™, Hudson, Ohio: Lexi-Comp, Inc.; 2025; Updated periodically.
13. Pimentel M, Saad RJ, Long MD, Rao SSC. ACG clinical guideline: small intestinal bacterial overgrowth. *Am J Gastroenterol*. 2020;115(2):165-178.
14. Vilstrup H, Amodio P, Bajaj J, et al. Hepatic Encephalopathy in Chronic Liver Disease: 2014 Practice Guideline by American Association for the Study of Liver Diseases and the European Association for the Study of the Liver. *Hepatology*. 2014;60(2):715-35.
15. Weinberg DS, Smalley W, Heidelbaugh JJ, et. al. American Gastroenterological Association Institute Guideline on the Pharmacological Management of Irritable Bowel Syndrome. *Gastroenterology*. 2014; 147(5):1146-48.

Federal and state laws or requirements, contract language, and Plan utilization management programs or policies may take precedence over the application of this clinical criteria.

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