

Xifaxan Criteria

Initial creation: 01/24/2025

XIFAXAN (RIFAXIMIN)

Length of Authorization: Travelers' diarrhea: 3 days
IBS-D: 42 days
Hepatic Encephalopathy: 12 months

CRITERIA TO APPROVE

Travelers' Diarrhea

Documentation of **ALL** the following must be met:

- Individual is > 12 years of age
- Documented lab report indicating causative microorganism is E. Coli
- Documentation of inadequate response, adverse reaction, or contraindication to one of the following antibiotics:
 - Azithromycin (generic Zithromax)
 - Ciprofloxacin (generic Cipro)
 - Levofloxacin (generic Levaquin)
 - Ofloxacin (generic Floxin)

Hepatic Encephalopathy

Documentation of **ALL** the following must be met:

- Patient must be > 18 years of age
- Patient must have a confirmed (from medical records or diagnosis codes) diagnosis of hepatic encephalopathy
- Documentation of inadequate response, adverse reaction, or contraindication to lactulose.

Irritable Bowel Syndrome with Diarrhea (IBS-D)

Documentation of **ALL** the following must be met:

- Patient must be > 18 years of age
- Patient must have a diagnosis of Irritable Bowel Syndrome (IBS) with diarrhea as the predominant symptom, confirmed with colonoscopic examination within the previous 2 years
- Patient must have had a documented trial of 3 of the treatment options listed below since the diagnosis of IBS:
 - Lifestyle and dietary modifications of the following:
 - Elimination of caffeine, lactose, or fructose from diet and/or
 - Addition of fiber to diet and/or
 - Use of Probiotics
 - Antidiarrheals (i.e., loperamide, cholestyramine)
 - Antispasmodics (i.e., dicyclomine, hyoscyamine)
 - Tricyclic antidepressants (i.e., desipramine, amitriptyline, doxepin)

ADULTS – RENEWAL CRITERIA

- The patient met initial review requirements; **AND**
- Patient has not experienced any treatment-restricting adverse effects

REVISION HISTORY

Date	Issues/Updates
01/24/2025	• Initial draft creation