

Xifaxan 550mg (rifamycin)
Effective 07/01/2019

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|------------------------------|--|---------------------|---|
| Plan | <input type="checkbox"/> MassHealth UPPL <input checked="" type="checkbox"/> Commercial/Exchange | Program Type | <input checked="" type="checkbox"/> Prior Authorization <input type="checkbox"/> Quantity Limit <input type="checkbox"/> Step Therapy |
| Benefit | <input checked="" type="checkbox"/> Pharmacy Benefit <input type="checkbox"/> Medical Benefit (NLX) | | |
| Specialty Limitations | N/A | | |
| Contact Information | Specialty Medications | | |
| | All Plans | Phone: 866-814-5506 | Fax: 866-249-6155 |
| | Non-Specialty Medications | | |
| | MassHealth | Phone: 877-433-7643 | Fax: 866-255-7569 |
| | Commercial | Phone: 800-294-5979 | Fax: 888-836-0730 |
| | Exchange | Phone: 855-582-2022 | Fax: 855-245-2134 |
| | Medical Specialty Medications (NLX) | | |
| | All Plans | Phone: 844-345-2803 | Fax: 844-851-0882 |
| Exceptions | N/A | | |

Overview

FDA Indications

1. Reduction in risk of overt hepatic encephalopathy recurrence in adults
2. Treatment of irritable bowel syndrome with diarrhea (IBS-D) in adults

Coverage Guidelines

Xifaxan may be approved when all the following diagnosis-specific criteria has been met and documentation has been provided:

1. Member has a diagnosis of hepatic encephalopathy (550mg) **AND** is currently receiving treatment with Xifaxan excluding when the product is obtained as samples or via manufacturer's patient assistance programs.
OR
 - a. Member has had an inadequate response or has a contraindication to a lactulose product
 - b. Member is at least 18 years of age
2. Member has a diagnosis of Irritable Bowel Syndrome with Diarrhea
AND
 - a. Member has had an inadequate response or has a contraindication to loperamide or diphenoxylate/atropine **AND** a bile sequestrant (e.g., cholestyramine, colestipol, colesevelam)
 - b. Member is at least 18 years of age

Limitations

- 1. The following quantity limits apply:

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|------------------------|---|
| Hepatic Encephalopathy | 550mg twice a day; 60 tablets per 30 days |
| IBS w/Diarrhea | 550mg three times a day x 14 days 42 tablets per14 days – May be treated up to 2 times with this regimen |

References

- 1. Lee S, et al. P142. Presented at: Crohn’s & Colitis Congress; Jan. 19-20, 2018; Las Vegas, NV.
- 2. Antibiotics for induction and maintenance of remission in Crohn's disease. Cochrane Database Syst Rev. 2019 Feb 7;2:CD012730. doi: 10.1002/14651858.CD012730.pub2.Townsend CM1, Parker CE, MacDonald JK, Nguyen TM, Jairath V, Feagan BG, Khanna R
- 3. Xifaxan (rifaximin) [prescribing information]. Bridgewater, NJ: Salix Pharmaceuticals Inc; January 2018
- 4. Prevalite (cholestyramine) [prescribing information]. Maple Grove, MN: Upsher-Smith Laboratories, LLC; June 2020Lactulose Solution [prescribing information].
- 5. Amityville, NY: Hi-Tech Pharmacal Co Inc; March 2013Bosulif (bosutinib) [prescribing information]. New York, NY: Pfizer, Inc.; October 2018
- 6. Vilstrup H, Amodio P, Bajaj J, et al. Hepatic encephalopathy in chronic liver disease: 2014 Practice Guideline by the American Association for the Study of Liver Diseases and the European Association for the Study of the Liver. *Hepatology*. 2014;60(2):715-735
- 7. Lembo A, Pimentel M, Rao SS, et al. Repeat treatment with rifaximin is safe and effective in patients with diarrhea-predominant irritable bowel syndrome. *Gastroenterology*. 2016;151(6):1113-1121.[\[PubMed 27528177\]](#)10.1053/j.gastro.2016.08.003

Review History

06/19/2019: Reviewed
07/21/2021: Reviewed July P&T; references update; no clinical changes
11/16/2022: Reviewed for Nov P&T. Separated out MH vs Comm/Exch. No clinical changes.

