

Xifaxan 550mg (rifamycin)
Effective 01/01/2024

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		
Specialty Limitations	N/A		
Contact Information	Medical and Specialty Medications		
	All Plans	Phone: 877-519-1908	Fax: 855-540-3693
Exceptions	Non-Specialty Medications		
	All Plans	Phone: 800-711-4555	Fax: 844-403-1029

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. Approvals will be granted for:
 - a. Hepatic Encephalopathy: 12 months
 - b. IBS w/ Diarrhea: 30 days

2. The following quantity limits apply:

Hepatic Encephalopathy	550mg twice a day; 60 tablets per 30 days
IBS w/Diarrhea	550mg three times a day x 14 days 42 tablets per 14 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.

10/11/2023: Reviewed and Updated for Oct P&T; added approval duration. Effective 1/1/24

