

**Xifaxan 550mg (rifaximin)**  
**Effective: 04/01/2025**

<b>Plan</b>	<input type="checkbox"/> MassHealth UPPL <input checked="" type="checkbox"/> Commercial/Exchange	<b>Program Type</b>	<input checked="" type="checkbox"/> Prior Authorization <input type="checkbox"/> Quantity Limit <input type="checkbox"/> Step Therapy
<b>Benefit</b>	<input checked="" type="checkbox"/> Pharmacy Benefit <input type="checkbox"/> Medical Benefit		
<b>Specialty Limitations</b>	N/A		
<b>Contact Information</b>	<b>Medical Benefit</b> <b>Pharmacy Benefit</b>	Phone: 833-895-2611 Phone: 800-711-4555	Fax: 888-656-6671 Fax: 844-403-1029
<b>Exceptions</b>	N/A		

**Overview**

Xifaxan (rifaximin) is a rifamycin antibacterial indicated for:

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

**Coverage Guidelines**

Authorization may be granted for members who are new to the plan within the past 90 days currently receiving treatment with requested medication, excluding when the product is obtained as samples or via manufacturer's patient assistance programs.

OR

Authorization will be granted when all the following criteria has been met:

**Hepatic Encephalopathy**

1. Documented diagnosis of hepatic encephalopathy
2. Member is 18 years of age or older
3. Documentation has had an inadequate response, adverse reaction, or contraindication to lactulose

**Irritable Bowel Syndrome (IBS-D)**

1. Documented diagnosis of Irritable Bowel Syndrome with Diarrhea (IBS-D)
2. Member is 18 years of age or older
3. Documentation that member has had an inadequate response or has a contraindication to ONE of the following:
  - a. Loperamide
  - b. Diphenoxylate/atropine
4. Documentation that member has had an inadequate response or contraindication to a bile acid sequestrant (e.g., cholestyramine, colestipol, colesevelam)

**Limitations**

1. Approvals will be granted for:
  - a. Hepatic Encephalopathy: 12 months

b. IBS w/ Diarrhea: 30 days

2. The following quantity limits apply:

Diagnosis	Quantity Limitations
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. 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.
2. 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.
3. 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
4. Xifaxan (rifaximin) [prescribing information]. Bridgewater, NJ: Salix Pharmaceuticals Inc; October 2023.

## 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

01/08/2025- Reviewed and updated for January P&T. Updated criteria to require documentation of diagnoses and previous trials. Updated HE criteria to remove allowance for approval if the member is currently on therapy, as that is addressed in the criteria for members who are new to the Plan. Effective 04/01/2025.

