

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

<b>Plan</b>	<input checked="" type="checkbox"/> MassHealth <input type="checkbox"/> Commercial/Exchange	<b>Program Type</b>	<input checked="" type="checkbox"/> Prior Authorization
<b>Benefit</b>	<input checked="" type="checkbox"/> Pharmacy Benefit <input type="checkbox"/> Medical Benefit (NLX)		<input type="checkbox"/> Quantity Limit <input type="checkbox"/> Step Therapy
<b>Specialty Limitations</b>	N/A		
<b>Contact Information</b>	<b>Specialty Medications</b>		
	All Plans	Phone: 866-814-5506	Fax: 866-249-6155
	<b>Non-Specialty Medications</b>		
	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
	<b>Medical Specialty Medications (NLX)</b>		
	All Plans	Phone: 844-345-2803	Fax: 844-851-0882
<b>Exceptions</b>	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:

Hepatic Encephalopathy	550mg twice a day; 60 tablets per 30 days
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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
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**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 2020 Lactulose Solution [prescribing information]. Amityville, NY: Hi-Tech Pharmacal Co Inc; March 2013 Bosulif (bosutinib) [prescribing information]. New York, NY: Pfizer, Inc.; October 2018
5. 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
6. 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

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