

**rifaximin (XIFAXAN)**

**Diagnoses Considered for Coverage:**

- Traveler's Diarrhea
- Hepatic encephalopathy
- Irritable bowel syndrome with diarrhea (IBS-D)

**Coverage Criteria:**

**1. For traveler's diarrhea:**

- Inadequate response, intolerable side effect, contraindication or resistance to a fluoroquinolone (ciprofloxacin, levofloxacin, moxifloxacin, ofloxacin) or azithromycin, **and**
- Dose does not exceed 600 mg (three 200 mg tablets) per day for 3 days

**2. For hepatic encephalopathy:**

- Inadequate response, intolerable side effect, or contraindication to lactulose, **and**
- Dose does not exceed two 550 mg tablets (1100 mg) per day.

**3. For irritable bowel syndrome with diarrhea:**

- Dose does not exceed three 550 mg tablets (1650 mg) per day, **and**
- Inadequate response, intolerable side effect, or contraindication to a tricyclic antidepressant (i.e. amitriptyline, desipramine, imipramine, nortriptyline).

**Coverage Duration:**

Traveler's diarrhea: one time (3-day therapy)

Hepatic encephalopathy: Length of benefit

Irritable bowel syndrome with diarrhea: 14 days with 2 refills

Effective Date: 6/28/2023