

Division: Pharmacy Policy	Subject: Prior Authorization Criteria
Original Development Date:	February 2009 April 19, 2011, June 18, 2012, November 23, 2015, March 18, 2025

## XIFAXAN® (rifaximin)

**LENGTH OF AUTHORIZATION:** Varies per indication

**REVIEW CRITERIA:**

- Diarrhea caused by *E. Coli* – length of approval: 3 days
  - Patient must be  $\geq 12$  years of age.
  - Patient must **not** be experiencing fevers and/or bloody stools.
  - Patient must have a documented culture indicating causative microorganism is *E. Coli*.
- Hepatic Encephalopathy- length of approval up to 6 months
  - Patient must be  $> 18$  years of age.
  - Patient must have a confirmed (from medical records or diagnosis codes) diagnosis of hepatic encephalopathy.
  - Patient must be currently taking or have had a documented trial of lactulose.
- Irritable Bowel Syndrome (refractory)-length of approval up to 6 weeks.
  - Patient must be  $> 18$  years of age.
  - Patient must have a diagnosis of Irritable Bowel Syndrome (IBS) with diarrhea as the predominant symptom, confirmed with colonoscopic examination within the previous 2 years. (A copy of the colonoscopy results should be submitted or addressed in the progress notes).
  - Patient must have had a documented trial of 3 of the treatment options listed below since the diagnosis of IBS:
    1. Lifestyle and dietary modifications
      - Elimination of caffeine, lactose or fructose from diet **and/or**
      - Addition of fiber to diet **and/or**
      - Use of probiotics
    2. Antidiarrheals (i.e. loperamide, cholestyramine)
    3. Antispasmodics (i.e. dicyclomine, hyoscyamine)
    4. Tricyclic antidepressants (i.e. desipramine, amitriptyline, doxepin)

**DOSING AND ADMINISTRATION:**

- Refer to product labeling at <https://www.accessdata.fda.gov/scripts/cder/daf/>
- Available as 200 mg and 550 mg tablets.