

CRITERIA FOR PRIOR AUTHORIZATION

Rifaximin

PROVIDER GROUP Pharmacy
Professional

MANUAL GUIDELINES The following drug requires prior authorization:
Rifaximin (Xifaxan®)

CRITERIA FOR HEPATIC ENCEPHALOPATHY: (must meet all of the following)

- Patient must have a diagnosis of hepatic failure
- Patient has had a previous episode of hepatic encephalopathy
- Patient must be ≥ 18 years of age

LENGTH OF APPROVAL 12 months

CRITERIA FOR TRAVELERS' DIARRHEA: (must meet all of the following)

- Patient must be ≥ 12 years of age
- Patient must have a positive culture and susceptibility for noninvasive strain(s) of *Escherichia coli*
- Patient does not have diarrhea complicated by fever or blood in the stool
- Patient does not have diarrhea due to pathogens other than *E. coli*

LENGTH OF APPROVAL 30 days

CRITERIA FOR IRRITABLE BOWEL SYNDROME: (must meet all of the following)

- Patient must have a diagnosis of irritable bowel syndrome with diarrhea (IBS-D)
- Patient must be ≥ 18 years of age
- Patient must not be treated more than 3 times per year

LENGTH OF APPROVAL 14 days

Notes:

- 200 mg tablets are approved for Traveler's diarrhea
- 550 mg tablets are approved for hepatic encephalopathy and Irritable Bowel Syndrome (diarrhea predominant)