

Clinical Pharmacy Program Guidelines for XIFAXAN[®]

Program	Prior Authorization
Medication	XIFAXAN

1. Background:

Drugs Requiring Prior Authorization

XIFAXAN 200 MG TABLET
XIFAXAN 550 MG TABLET

2. Coverage Criteria:

A. Authorization Criteria- Xifaxan 200mg

1. The patient is at least 12 years of age.

AND

2. The patient has a diagnosis of infectious/traveler's diarrhea.

AND

3. The patient has a history of oral ciprofloxacin in the last 90 days.

AND

4. The requested dose is less than or equal to 600mg per day.

Authorization will be issued for 3 days.

B. Authorization Criteria- Xifaxan 550mg

1. The patient is at least 18 years of age.

AND

2. One of the following applies:

- a. The patient has a diagnosis of hepatic encephalopathy.

OR

- b. The patient has a diagnosis of irritable bowel syndrome with diarrhea (IBS-D).

AND

3. The requested dose is less than or equal to 1650mg per day.

Authorization will be issued for 365 days.

Program	Program type – Prior Authorization
Change Control	
Date	Change
August 1, 2016	New program