

Alaska Medicaid

**Xifaxan® (rifaximin)**

Available 200mg and 550mg tablets

**INDICATIONS:**

“XIFAXAN® is a rifamycin antibacterial indicated for:

- The treatment of patients (≥ 12 years of age) with travelers’ diarrhea (TD) caused by noninvasive strains of *Escherichia coli*.
- Reduction in risk of overt hepatic encephalopathy (HE) recurrence in patients ≥ 18 years of age.”<sup>1</sup>

**Criteria for Approval:**

*Xifaxan 200mg:*

- Patient is ≥ 12 years of age
- Diagnosis of traveler’s diarrhea caused by non-invasive strains of *E.coli*.
- For patients ≥ 18 years of age has trial of ciprofloxacin therapy.

*Xifaxan 550mg:*

- Patient is ≥ 18 years of age
- Diagnosis of hepatic encephalopathy
- History of ineffective or subtherapeutic treatment therapy with lactulose

**Length of Authorization:**

*Xifaxan 200mg:*

- Prior authorization for the 200mg tablets may be approved for 1-course of therapy.

*Xifaxan 550mg:*

- Prior authorization for the 550mg tablets may be approved for 1 year.

**Dispensing Limit:**

*Xifaxan 200mg:*

- The dispensing limit for traveler’s diarrhea is a 3-day course of therapy (9 tablets) per authorization of the 200mg tablets.

*Xifaxan 550mg:*

- The dispensing limit for Hepatic Encephalopathy is 60 tablets of the 550mg tablets.

**References:**

<sup>1</sup> Xifaxin® package insert is available at:

< <http://www.xifaxan550.com/assets/pdfs/xifaxan550-pi.pdf> > Accessed 12/08/11

Xifaxan criteria

Version 1

Last updated 12/08/2011

Approved 1/20/2012