### Overview

**FDA Indications**
1. Reduction in risk of overt hepatic encephalopathy recurrence in adults
2. Treatment of irritable bowel syndrome with diarrhea (IBS-D) in adults

**Coverage Guidelines**

Xifaxan may be approved when all the following diagnosis-specific criteria has been met and documentation has been provided:

1. Member has a diagnosis of hepatic encephalopathy (550mg) **AND** is currently receiving treatment with Xifaxan excluding when the product is obtained as samples or via manufacturer’s patient assistance programs.

   OR
   a. Member has had an inadequate response or has a contraindication to a lactulose product
   b. Member is at least 18 years of age

2. Member has a diagnosis of Irritable Bowel Syndrome with Diarrhea **AND**
   a. Member has had an inadequate response or has a contraindication to loperamide or diphenoxylate/atropine **AND** a bile sequestrant (e.g., cholestyramine, colestipol, colesvelam)
   b. Member is at least 18 years of age

### Limitations

1. The following quantity limits apply:
   - Hepatic Encephalopathy 550mg twice a day; 60 tablets per 30 days
**IBS w/Diarrhea**

<table>
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<th>550mg three times a day x 14 days</th>
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<td>42 tablets per 14 days – May be treated up to 2 times with this regimen</td>
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**References**

3. Xifaxan (rifaximin) [prescribing information]. Bridgewater, NJ: Salix Pharmaceuticals Inc; January 2018
4. Prevalite (cholestyramine) [prescribing information]. Maple Grove, MN: Upsher-Smith Laboratories Inc; August 2017
5. Lactulose Solution [prescribing information]. Amityville, NY: Hi-Tech Pharmacal Co Inc; March 2013

**Review History**

06/19/19 – Reviewed

**Disclaimer**

AllWays Health Partners complies with applicable federal civil rights laws and does not discriminate or exclude people on the basis of race, color, national origin, age, disability, or sex.