### Xifaxan 550mg (rifamycin)
**Effective 07/01/2019**

<table>
<thead>
<tr>
<th>Plan</th>
<th>Program Type</th>
<th>Benefit</th>
<th>Specialty Limitations</th>
</tr>
</thead>
<tbody>
<tr>
<td>☒ MassHealth</td>
<td>☒ Prior Authorization</td>
<td>☒ Pharmacy Benefit</td>
<td>N/A</td>
</tr>
<tr>
<td>☒ Commercial/Exchange</td>
<td>☐ Quantity Limit</td>
<td>☐ Medical Benefit (NLX)</td>
<td></td>
</tr>
</tbody>
</table>

**Specialty Medications**
- **All Plans**
  - Phone: 866-814-5506
  - Fax: 866-249-6155

**Non-Specialty Medications**
- **MassHealth**
  - Phone: 877-433-7643
  - Fax: 866-255-7569

- **Commercial**
  - Phone: 800-294-5979
  - Fax: 888-836-0730

- **Exchange**
  - Phone: 855-582-2022
  - Fax: 855-245-2134

**Medical Specialty Medications (NLX)**
- **All Plans**
  - Phone: 844-345-2803
  - Fax: 844-851-0882

**Contact Information**

**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 | 550mg three times a day x 14 days  
42 tablets per 14 days – May be treated up to 2 times with this regimen |

**References**

3. Xifaxan (rifaximin) [prescribing information]. Bridgewater, NJ: Salix Pharmaceuticals Inc; January 2018
4. Prevalite (cholestyramine) [prescribing information]. Maple Grove, MN: Upsher-Smith Laboratories, LLC; June 2020
5. Lactulose Solution [prescribing information]. Maple Grove, MN: Upsher-Smith Laboratories, LLC; June 2020

**Review History**

06/19/2019: Reviewed
07/21/2021: Reviewed July P&T; references update; no clinical changes

**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.