



STATE OF WEST VIRGINIA
DEPARTMENT OF HEALTH AND HUMAN RESOURCES
BUREAU FOR MEDICAL SERVICES



Office of Pharmacy Service
Prior Authorization Criteria

XIFAXIN® (rifaximin)
Prior Authorization Request Form

Xifaxin is a rifamycin antibacterial indicated for the treatment of patients twelve (12) years of age or younger with travelers' diarrhea (TD) caused by non-invasive strains of *Escherichia coli*. Xifaxin is also indicated for the reduction in risk of overt hepatic encephalopathy (HE) recurrence in patients eighteen (18) years of age or younger.

Criteria for Approval

Requests for Xifaxin 550 mg tablets will be authorized if the following criteria are met:

1. Diagnosis of hepatic encephalopathy; **AND**
2. Patient is eighteen (18) years of age or younger; **AND**
3. History of treatment with lactulose. *If lactulose has been discontinued, documentation must be included indicating lack of efficacy or the occurrence of an adverse effect.*

Requests for Xifaxan 200 mg tablets will be authorized if the following criteria are met:

1. Diagnosis of traveler's diarrhea caused by non-invasive strains of *Escherichia coli*;
AND
2. Patient is between twelve (12) and eighteen (18) years of age; **OR**
3. Previous trial of ciprofloxacin for patients over eighteen (18) years of age.

All other requests will be approved on a case-by-case basis.

References

- 1) Lexi-Comp Clinical Application 05/13/2015
- 2) Xifaxin package insert (Rev 3-2014)
- 3) http://www.cdc.gov/Ncidod/dbmd/diseaseinfo/travelersdiarrhea_g.htm
- 4) http://www.aasld.org/sites/default/files/guideline_documents/hepaticencephenanced.pdf
- 5) <http://pharmpractice.ku.edu/journal-club-digest/rifaximin-use-treatment-hepatic-encephalopathy>
- 6) Rifaximin treatment in hepatic encephalopathy. [N Engl J Med.](#) 2010 Mar 25;362(12):1071-81