

Xifaxan (rifaximin) Authorization Criteria

1. Does member have a funded condition appropriately treated with rifaximin?
FDA indicated uses
 - Treatment of travelers' diarrhea caused by noninvasive E. Coli in patients 12 and older
 - Risk reduction of Hepatic encephalopathy recurrence in adults
 - Treatment of irritable bowel syndrome with diarrhea in adults
 - a. Yes, continue to question 2
 - b. No, Deny – *Cat 1 if condition is not funded, Cat 3 is member diagnosis is not an FDA approved use of medication.*
2. Is the member diagnosis travelers' diarrhea caused by E. coli?
 - a. Yes, continue to question 3
 - b. No, Continue to question 4
3. Has member had a trial of or contraindication to the preferred treatments?

At least one of the following fluoroquinolones:

 - Ciprofloxacin 500 mg BID for 3 days
 - Ofloxacin 200 mg BID for 3 days
 - Levofloxacin 500 mg QD for 3 days

AND

 - Azithromycin 1 gram single dose
 - a. Yes, Continue to question 8
 - b. No, - Deny - *Category 5: Not medically appropriate. Provider submitted documentation does not indicate that patient has tried and failed, or has a contraindication to preferred treatment alternatives.*
4. Is the member's diagnosis hepatic encephalopathy?
 - a. Yes, continue to question 5
 - b. No, continue to question 6
5. Has member had a trial of or contraindication to preferred treatment of lactulose (20 to 30 grams given two to four times daily to achieve two or three soft stools daily) demonstrated compliance (80% adherence or better) and without significant improvement?
 - a. Yes, continue to question 7
 - b. No- Deny - *Category 5: Not medically appropriate. Provider submitted documentation does not indicate that patient has tried and failed, or has a contraindication to preferred treatment alternatives with demonstrated compliance.*
6. Is the diagnosis Irritable Bowel syndrome with diarrhea?
 - a. Yes- Deny- *Cat 1- Not currently a funded diagnosis on OHP prioritized list*
 - b. No- Deny *Cat 3- Member diagnosis is not an FDA approved indication for use of medication.*

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7. Is member currently using benzodiazepines?
 - a. Yes, Forward to Medical Director - *serum concentrations of benzodiazepines are raised in most patients with hepatic encephalopathy, 20–30% of patients have hepatic encephalopathy from accumulation of benzodiazepines. Not medically appropriate in most cases*
 - b. No, Continue to question 8

8. Is the dosing correct for member's indication?
 - Travelers' diarrhea- 200mg TID for 3 days
 - Hepatic Encephalopathy- 550 mg BID

 - a. Yes- Approve for:
 - 7 days for travelers' diarrhea,
 - Up to 3 months for Hepatic Encephalopathy

 - b. No- Deny Cat 3- *Dosing not consistent with FDA approved dosing for member indication.*

Renewal – Hepatic Encephalopathy only

1. Has member shown improvement in mental status and fasting ammonia levels while adherent to rifaximin and lactulose (if tolerated) therapy?
 - Note- rifaximin should added to, not substituted for, lactulose therapy

- a. Yes- Approve for up to 3 months
- b. No- Evaluate for medical appropriateness, forward to Medical Director.