



AETNA BETTER HEALTH®
Coverage Policy/Guideline

Name: Xifaxan 200 mg Page: 1 of 2

Effective Date: 12/16/2022 Last Review Date: 3/2022

Applies to:	<input checked="" type="checkbox"/> Illinois	<input type="checkbox"/> Florida	<input type="checkbox"/> Florida Kids
	<input checked="" type="checkbox"/> New Jersey	<input checked="" type="checkbox"/> Maryland	<input type="checkbox"/> Michigan
	<input checked="" type="checkbox"/> Pennsylvania Kids	<input type="checkbox"/> Virginia	

Intent:

The intent of this policy/guideline is to provide information to the prescribing practitioner outlining the coverage criteria for Xifaxan 200 mg under the patient's prescription drug benefit.

Description:

To reduce the development of drug-resistant bacteria and maintain the effectiveness of Xifaxan and other antibacterial drugs, Xifaxan when used to treat infection should be used only to treat or prevent infections that are proven or strongly suspected to be caused by susceptible bacteria. When culture and susceptibility information are available, they should be considered in selecting or modifying antibacterial therapy. In the absence of such data, local epidemiology and susceptibility patterns may contribute to the empiric selection of therapy.

Travelers' Diarrhea

Xifaxan is indicated for the treatment of travelers' diarrhea (TD) caused by noninvasive strains of *Escherichia coli* in adults and pediatric patients 12 years of age and older

Limitations of Use

Xifaxan should not be used in patients with diarrhea complicated by fever or blood in the stool or diarrhea due to pathogens other than *Escherichia coli*.

Applicable Drug List:

Non-Formulary Drug: Xifaxan 200mg

Policy/Guideline:

The requested drug will be covered with prior authorization when the following criteria are met:

- The requested drug is being prescribed for the treatment of travelers' diarrhea (TD) caused by a noninvasive strain of *Escherichia coli* in a patient 12 years of age or older

Approval Duration and Quantity Restrictions:

Approval: 7 days

Quantity Level Limit: 9/25 days



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References:

1. Xifaxan [package insert]. Bridgewater, NJ: Salix Pharmaceuticals, Inc; October 2019.
2. Lexicomp Online, AHFS DI (Adult and Pediatric) Online. Hudson, OH: Wolters Kluwer Clinical Drug Information, Inc. <http://online.lexi.com/>. Accessed March 2020.
3. Micromedex (electronic version). Truven Health Analytics, Greenwood Village, Colorado, USA. <http://www.micromedexsolutions.com/>. Accessed March 2020.