

Criteria-Based Consultation Prescribing Program

CRITERIA FOR DRUG COVERAGE

Rifaximin (Xifaxan)

Notes:

- Quantity Limits: Yes
- ^ Avoid use in patients 65 and older (high risk medications in the elderly)

Initiation (new start) criteria: Non-formulary **rifaximin (Xifaxan)** will be covered on the prescription drug benefit when the following criteria are met:

- Patient has a diagnosis of hepatic encephalopathy
- Patient is at least 18 years of age
- Patient is intolerant to, has a contraindication to, or failed an adequate trial (minimum 4 weeks) of lactulose

OR

- Patient has a diagnosis of irritable bowel syndrome with diarrhea (IBS-D)
- Prescriber is a gastroenterologist
- Patient is intolerant to, has a contraindication to, or failed treatment with the following medications (must try for the minimum duration listed before considered treatment failure)
 - Loperamide – 2 weeks
 - Diphenoxylate-atropine[^] – 2 weeks
 - At least one bile acid sequestrant (e.g., cholestyramine or colestipol) – 2 weeks
 - Dicyclomine[^] – 2 weeks
 - At least one tricyclic antidepressant[^] – 6 weeks
- Patient has completed LESS than 3 courses of rifaximin for IBS-D (maximum of 3 total treatments with rifaximin per patient)

OR

- Patient has a diagnosis of recurrent *Clostridioides difficile*
- Prescriber is a Kaiser Permanente Infectious Disease Specialist

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Criteria for new members entering Kaiser Permanente already taking the medication who have not been reviewed previously: Non-formulary rifaximin (Xifaxan) will be covered on the prescription drug benefit when the following criteria are met:

- Patient has a diagnosis of hepatic encephalopathy
- Patient is at least 18 years of age
- Patient is intolerant to, has a contraindication to, or failed treatment with lactulose

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