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

- Diagnosis of hepatic encephalopathy -AND-
  Patient is at least 18 years of age -AND-
  Prescribed by or in consultation with a Hepatologist or Gastroenterologist -AND-
  Patient has experienced intolerance or treatment failure to lactulose after receiving an adequate trial

  -OR-

- Diagnosis of irritable bowel syndrome diarrhea predominant (IBS-D) -AND-
  prescribed by a Gastroenterologist -AND-
  patient has a contraindication to, is intolerant to, or failed treatment with the following medications (must try for the minimum duration listed before considered treatment failure)
  - Loperamide – at least 2 weeks
  - Diphenoxylate-atropine (Lomotil)^ - at least 2 weeks
  - A bile acid sequestrant (e.g., cholestyramine or colestipol) - at least 2 weeks
  - Dicyclomine^ - at least 2 weeks
  - At least one tricyclic antidepressants^ - at least 6 weeks

  -AND-
  - Patient has completed less than 3 courses of rifaximin for IBS-D
    (maximum of 3 total treatments with rifaximin per patient)

  -OR-

- Diagnosis of Clostridium difficile infection -AND-
  Prescribed by a Kaiser Permanente Infectious Disease Specialist

Note(s):

^ Use of these medication in patients greater than 64 years of age may be considered a contraindication since they are considered a high risk medication in the elderly (HRM)