

## Pharmacy Services

(800) 522-0114, option 4

January 17, 2018

Dear SoonerCare Provider,

The purpose of this fax is to provide information regarding recently updated criteria for the reimbursement of Xifaxan® (rifaximin) 550mg tablets. You are receiving this fax because you recently prescribed or dispensed Xifaxan® 550mg tablets for SoonerCare member(s).

**Effective January 31, 2018, Xifaxan® (rifaximin) 550mg tablets will require prior authorization.** The authorization criteria for reimbursement is as follows:

**Xifaxan® (Rifaximin) 550mg Approval Criteria:**

1. An FDA approved indication for the reduction in risk of overt hepatic encephalopathy (HE) recurrence;  
or
2. An FDA approved diagnosis of irritable bowel syndrome with diarrhea (IBS-D); and
  - a. For the diagnosis of IBS-D: Documentation of trials of two of the following three medications that failed to relieve diarrhea: loperamide, dicyclomine, or diphenoxylate/atropine (each trial should be for at least 10 to 14 consecutive days at the recommended dosing). Trials must be within the past 90 days. Documentation should be provided including dates, dosing, and reason for trial failure; and
  - b. For the diagnosis of IBS-D: Member must be 18 years of age or older.
3. A quantity limit of 60 tablets for a 30-day supply will apply. Members with the diagnosis of IBS-D needing 42 tablets for a 14-day treatment regimen (550mg three times daily for 14 days) will be approved for a quantity limit override upon meeting Xifaxan® approval criteria. Members with IBS-D who experience a recurrence of symptoms can be retreated up to two times with the same dosage regimen (550mg three times daily for 14 days).

Xifaxan® 550mg will not require a prior authorization and claims will pay at the point of sale if member has a reported diagnosis of hepatic encephalopathy or hepatic failure within the past 12 months of claims history. If a member does not have a reported diagnosis of hepatic encephalopathy or hepatic failure, or for members with a diagnosis of IBS-D, a manual prior authorization will be required for coverage consideration.

Updated versions of the prior authorization criteria for Xifaxan® 550mg can be downloaded from [www.okhca.org/pa](http://www.okhca.org/pa), by selecting "Gastro-Intestinal" then selecting "Xifaxan®".

Prior authorization request forms can be found online at [www.okhca.org/forms](http://www.okhca.org/forms) (PHARM-04).

Thank you for the services you provide to Oklahomans insured by SoonerCare!