UnitedHealthcare Community Plan

Clinical Pharmacy Program Guidelines for Xifaxan

Program	Prior Authorization
Medication	Xifaxan (rifaximin)
Markets in Scope	Arizona, California, Hawaii, Maryland, Nevada, New Jersey, New York, New York EPP, Rhode Island, Pennsylvania CHIP, South Carolina
Issue Date	6/2010
Pharmacy and Therapeutics Approval Date	4/2020
Effective Date	6/2020

1. Background:

Xifaxan is an antibacterial agent indicated for the treatment of travelers' diarrhea caused by noninvasive strains of *Escherichia coli* in patients 12 years of age and older, for the risk reduction of hepatic encephalopathy recurrence in adults and for the treatment of irritable bowel syndrome with diarrhea (IBS-D). There is some limited data to support the off label use of Xifaxan for the treatment of inflammatory bowel diseases.

2. Coverage Criteria:

A. <u>Travelers' Diarrhea</u>

1. **Xifaxan 200mg** will be approved based on both of the following criteria:

   a. Travelers' diarrhea

   -AND-

   b. History of failure, contraindication, or intolerance to **<u>one</u>** of the following:
      - Azithromycin (generic Zithromax)
      - Ciprofloxacin (generic Cipro)
      - Levofloxacin (generic Levaquin)
      - Ofloxacin (generic Floxin)

Authorization will be issued for one month.

B. <u>Hepatic Encephalopathy</u>

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1. **Xifaxan 550mg** will be approved based on the following criteria:

   a. Hepatitic encephalopathy

   -AND-

   b. **One** of the following:

      (1) Both of the following:
      (a) Used as add-on therapy to lactulose

      -AND-

      (b) Patient is unable to achieve an optimal clinical response with lactulose monotherapy

      -OR-

      (2) History of contraindication or intolerance to lactulose.

Authorization will be issued for 12 months.

C. Irritable Bowel Syndrome with Diarrhea (IBS-D)

1. Initial Authorization

a. **Xifaxan 550mg** will be approved based on **both** of the following criteria:

(1) Diagnosis of IBS-D

-AND-

(2) History of failure, contraindication, or intolerance to **two** of the following:

(a) antispasmodic agent [e.g. Bentyl (dicyclomine)]
(b) antidiarrheal agent (e.g. loperamide)
(c) tricyclic antidepressant (e.g. amitriptyline)

Authorization will be issued for 14 days

2. Reauthorization

a. **Xifaxan 550mg** will be approved based on **all** of the following criteria:

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(1) Patient continues to need Xifaxan and has experienced positive results with prior use

Authorization will be issued for 12 months

D. <u>Inflammatory Bowel Disease (e.g. Crohn's Disease, Ulcerative Colitis, Diverticulitis) (Off-label)</u>

1. Initial Authorization

a. **Xifaxan 200mg** will be approved based on **<u>both</u>** of the following criteria:

(1) Diagnosis of Inflammatory Bowel Disease

-AND-

(2) History of failure, contraindication or intolerance to **<u>both</u>** of the following:

(a) Ciprofloxacin (generic Cipro)
(b) Metronidazole (generic Flagyl)

Authorization will be issued for 12 months

2. Reauthorization

a. **Xifaxan 200mg** will be approved based on the following criterion:

(1) Documentation of positive clinical response to Xifaxan therapy

Authorization will be issued for 12 months

3. Additional Clinical Rules:

- Notwithstanding Coverage Criteria, UnitedHealthcare may approve initial and re-authorization based solely on previous claim/medication history, diagnosis codes (ICD-10) and/or claim logic. Use of automated approval and re-approval processes varies by program and/or therapeutic class.
- Supply limits may be in place.

4. References:

1. Xifaxan prescribing information. Salix Pharmaceuticals, Inc., Bridgewater, NJ. October 2019.

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2. Prantera C, et. Al. Antibiotic treatment of Crohn's disease: results of a multicenter, double blind, randomized, placebo-controlled trial with rifaximin. Aliment Pharmacol Ther 2006 April 15;23(8): 1117-25
3. Scherl EJ. Bacteria, bugs and BID rifaximin for Crohn's disease. Inflamm Bowel Dis 2007 June;13(6):800-1.
4. LaRocque, R. Travelers's diarrhea: Clinical manifestations, diagnosis, and treatment. In:UpToDate, Calderwood, SB (Ed), UpToDate. Waltham, MA. (Accessed on March 2, 2020).
5. Pimentel H, Lembo A, Chey W, et al: Rifaximin therapy for patients with Irritable Bowel Syndrome without constipation. N Engl J Med 2011; 364(1):22-32
6. American College of Gastroenterology Monograph on the Management of Irritable Bowel Syndrome.Am J Gastroenterol. 2018; 113(S2): -1--18.
7. American Gastroenterological Association Institute Guideline on the Pharmacological Management of Irritable Bowel Syndrome. 2019.
8. Vilstrup H, Amodio P, Bajaj J, et al. Hepatic encephalopathy in chronic liver disease: 2014 Practice Guideline by the American Association for the Study of Liver Diseases and the European Association for the Study of the Liver. Hepatology. 2014;60:715-735.

Program	Prior Authorization –Xifaxan (rifaximin)
Change Control	
Date	Change
June 2010	New drug policy
March 2011	Annual Review
March 2012	Annual Review
March 2013	Annual Review
June 2015	**Complete review and re-write of the entire criteria as follows:** Updated the criteria for travelers' diarrhea (TD) as follows: ▪ Specified that the TD criteria only apply to the 200 mg strength, in accordance with the labeled indication. ▪ Requirement for the diarrhea to be caused by noninvasive strains of E.coli, as described in the FDA labeled indications. ▪ Previous antibiotic trial to require either (1) history of failure, contraindication or intolerance to one of the following: ciprofloxacin, levofloxacin, ofloxacin, or azithromycin; or (2) resistance to all of the following: ciprofloxacin, levofloxacin, ofloxacin, or azithromycin. Updated the criteria for hepatic encephalopathy (HE) as follows:

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	▪ Specified that the criteria only apply to the 550 mg strength tablet, in accordance with the labeled indication. ▪ Criteria to specify that Xifaxan 550 mg tablet will be approved when used for prophylaxis of HE recurrence, in accordance with the labeled indication. Use for treatment of hepatic encephalopathy is an off-label indication. ▪ Requirement for trial and failure of lactulose was removed. Per the prescribing information, in the trials of Xifaxan for HE, 91% of the patients were using lactulose concomitantly. Created new criteria for small bowel bacterial overgrowth (SBBO) as follows: ▪ Specified that the SBBO criteria only apply to the 200 mg strength, since the doses of Xifaxan used in supporting studies range from 1200 mg/day to 1600 mg/day.
July 2015	Added criteria for a new indication, irritable bowel syndrome with diarrhea.
October 2016	Updated clinical criteria to align with E&I medical necessity and updated policy template
March 2017	Updated policy template. Changed IBD initial authorization and IBS-D reauthorization to 12 months. Changed IBS-D reauthorization criteria since reauthorization duration was changed to 12 months.
October 2017	Annual review. Updated background and references. Removed note about supply limits.
April 2018	Updated criteria for hepatic encephalopathy. Minor update for IBS-D criteria. Updated references.
December 2019	Annual review, updated references.
April 2020	Updated references.

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