



AETNA BETTER HEALTH®
Coverage Policy/Guideline

Name: Xifaxan 200 mg

Page: 1 of 2

Effective Date: 11/1/2024

Last Review Date: 7/2024

Applies to:	<input checked="" type="checkbox"/> Illinois	<input type="checkbox"/> Florida	<input checked="" 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	<input type="checkbox"/> Kentucky PRMD

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



AETNA BETTER HEALTH®
Coverage Policy/Guideline

Name: Xifaxan 200 mg

Page: 2 of 2

Effective Date: 11/1/2024

Last Review Date: 7/2024

Applies to:	<input checked="" type="checkbox"/> Illinois	<input type="checkbox"/> Florida	<input checked="" 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	<input type="checkbox"/> Kentucky PRMD

References:

1. Xifaxan [package insert]. Bridgewater, NJ: Salix Pharmaceuticals, Inc.; October 2023.
2. Lexicomp Online, AHFS DI (Adult and Pediatric) Online. Waltham, MA: UpToDate, Inc.; 2024. <https://online.lexi.com>. Accessed February 28, 2024.
3. Micromedex® (electronic version). Merative, Ann Arbor, Michigan, USA. Available at: <https://www.micromedexsolutions.com/> (cited: 02/28/2024).
4. Centers for Disease Control and Prevention. CDC Yellow Book 2024: Health Information for International Travel. New York: Oxford University Press; 2023. Chapter 2, Preparing International Travelers.