

XIFAXAN PA SUMMARY

STATUS: Non-Preferred

LENGTH OF AUTHORIZATION: 1 month for traveler's diarrhea; 6 months for hepatic encephalopathy

PA CRITERIA:

- ❖ Approvable for a diagnosis of traveler's diarrhea in members 12 years of age or older. Prior use and failure of ciprofloxacin, ofloxacin, or azithromycin is required; otherwise, submit documentation of allergies, contraindications, drug-drug interactions, or a history of intolerable side effects to at least two of the preferred agents (ciprofloxacin, ofloxacin, and azithromycin).
- ❖ Approvable for a diagnosis of hepatic encephalopathy. Concurrent use or prior use and failure of lactulose is required; otherwise, submit documentation of allergies, contraindications, drug-drug interactions, or a history of intolerable side effects to lactulose.

EXCEPTIONS:

- ❖ Exceptions to these conditions of coverage are considered through the prior authorization process.
- ❖ The Prior Authorization process may be initiated by calling **SXC Health Solutions at 1-866-525-5827**.

PA and Appeal Process:

- ❖ For online access to the PA process please go to www.mmis.georgia.gov/portal, highlight the pharmacy link on the top right side of the page, and click on "prior approval process".

Quantity Level Limitations:

- ❖ For online access to the current Quantity Level Limits please go to www.mmis.georgia.gov/portal, highlight Provider Information and click on Provider Manuals. Scroll to the page with Pharmacy Services Part II and select that manual.