

## Pre - PA Allowance

**Age** 18 years of age or older  
**Quantity** 12 tablets per 365 days

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## Prior-Approval Requirements

**Age** 18 years of age or older

### Diagnosis

Patient must have the following:

1. Travelers' diarrhea caused by noninvasive strains of Escherichia coli
  - a. Patient does **NOT** have a fever > 38 degrees C (100.4 degrees F)
  - b. **NO** bloody stools or signs of systemic illness
  - c. **NO** dual therapy with another Prior Authorization (PA) medication for Travelers' diarrhea (see Appendix 1)

## Prior - Approval Limits

**Quantity** 12 tablets per 90 days  
**Duration** 3 months

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## Prior – Approval *Renewal* Requirements

Same as above

## Prior - Approval *Renewal* Limits

Same as above

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**Appendix 1 - List of PA Travelers' Diarrhea Medications**

<b>Generic Name</b>	<b>Brand Name</b>
rifamycin	Aemcolo
rifaximin	Xifaxan