Pre - PA Allowance

Age   12 years of age or older
Quantity   200 mg – 18 tablets per 365 days
                   550 mg – 42 tablets per 365 days

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Prior-Approval Requirements

Diagnoses

Patient must have **ONE** of the following:

1. Traveler's diarrhea caused by noninvasive strains of *Escherichia coli*
   a. 12 years of age or older
   b. **NO** dual therapy with another Prior Authorization (PA) medication for Travelers' diarrhea (see Appendix 1)

2. Prevention of Traveler's diarrhea
   a. 18 years of age or older

3. Hepatic encephalopathy
   a. 18 years of age or older

4. Irritable bowel syndrome with diarrhea (IBS-D)
   a. 18 years of age or older
   b. Inadequate treatment response to dietary modification (such as low carbohydrate diet, exclusion of gas producing foods, lactose free diet if intolerant)
   c. Inadequate treatment response, intolerance, or contraindication to **TWO** anti-diarrheal medications

5. Small intestinal bacterial overgrowth (SIBO)
   a. 18 years of age or older
   b. Inadequate treatment response to dietary modification (such as low carbohydrate diet, exclusion of gas producing foods, lactose free diet if intolerant)
   c. Inadequate treatment response, intolerance, or contraindication to another antibiotic for SIBO (e.g., amoxicillin-clavulanic acid, ciprofloxacin, metronidazole, etc.)

Prior - Approval Limits

Quantity	**Traveler's Diarrhea**
	200 mg – 9 tablets per 90 days
Duration	3 months

Quantity	**Hepatic Encephalopathy**
	550 mg – 180 tablets per 90 days
Duration	12 months

Quantity	**Irritable Bowel Syndrome with Diarrhea (IBS-D) OR Small Intestinal Bacterial Overgrowth (SIBO)**
	550 mg – 126 tablets per **365 days**

Quantity	**Prevention of Travelers' Diarrhea**
	200 mg – 28 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

Generic Name	Brand Name
rifamycin	Aemcolo
rifaximin	Xifaxan