

Priority Health Medicare Prior Authorization Criteria (Part D)

Xifaxan®

Products affected

- Xifaxan® TABS 550MG

Details

Covered uses	All medically accepted indications not otherwise excluded from Part D.
Exclusion criteria	N/A
Required medical information	N/A
Age restrictions	N/A
Prescriber restrictions	N/A
Coverage duration	One year. Limited to 42 tablets for 14 days for IBS-D. 60 tablets per 30 days for other indications.
Other criteria	N/A