Rifaximin (Xifaxan®) and Rifamycin (Aemcolo®)

Goal(s):

- Promote use that is consistent with medical evidence and product labeling.

Length of Authorization:

- 3 days for traveler's diarrhea caused by non-invasive strains of *E.Coli* for rifaximin or rifamycin.
- Up to 12 months for hepatic encephalopathy for rifaximin.

Requires PA:

- Rifaximin and Rifamycin

Covered Alternatives:

- Current PMPDP preferred drug list per OAR 410-121-0030 at www.orpdl.org
- Searchable site for Oregon FFS Drug Class listed at www.orpdl.org/drugs/

Approval Criteria		
1. What diagnosis is being treated?	Record ICD10 code.	
2. Is this an FDA approved indication and is the indication funded by OHP?	**Yes**: Go to #3	**No:** Pass to RPh. Deny; medical appropriateness
3. Is the diagnosis traveler's diarrhea caused by non-invasive strains of E.Coli?	**Yes:** Go to #4	**No:** Go to # 6
4. Will the prescriber consider a change to a preferred product? Message: • Preferred products do not require a PA. • Preferred products are evidence-based reviewed for comparative effectiveness and safety by the Oregon Pharmacy & Therapeutics Committee. • Preferred products for traveler's diarrhea are dependent on traveler's destination and resistance patterns in that area. Refer to **Table 1** for adult treatment recommendations.	**Yes:** Inform prescriber of covered alternatives in class.	**No:** Go to # 5
5. Does the patient have a contraindication or allergy to azithromycin or ciprofloxacin?	**Yes:** Approve for 3 days	**No:** Pass to RPh Deny; medical appropriateness

Approval Criteria		
6. Is the request for rifaximin to prevent or treat hepatic encephalopathy?	**Yes**: Go to #7	**No**: Pass to RPh. Deny; not funded by OHP or for medical appropriateness
7. Is the patient currently managed with a regularly scheduled daily regimen of lactulose?	**Yes**: Go to #9	**No**: Go to #8
8. Does the patient have a contraindication to lactulose?	**Yes**: Go to #9	**No**: Pass to RPh Deny; medical appropriateness Note: studies demonstrate effectiveness of rifaximin as add-on therapy to lactulose.
9. Is the patient currently prescribed a benzodiazepine drug?	**Yes**: Go to #10	**No**: Approve for up to 12 months
10. Is the patient tapering off the benzodiazepine? Note: tapering process may be several months	**Yes:** Approve for up to 12 months	**No:** Pass to RPh. Deny; medical appropriateness Note: studies explicitly excluded use of benzodiazepines and benzodiazepine-like drugs because of their risk for precipitating an episode of hepatic encephalopathy**.**

Table 1. Acute diarrhea treatment recommendations for adults[1]

Antibiotic	Dose	Treatment Duration
Levofloxacin	500 mg orally	Single dose - If symptoms not resolved after 24 hours, complete a 3 day course
Ciprofloxacin	750 mg orally **OR** 500 mg orally once a day	Single dose - If symptoms not resolved after 24 hours, complete a 3 day course 3-day course
Ofloxacin	400 mg orally	Single dose - If symptoms not resolved after 24 hours, complete a 3 day course
Azithromycin[a,b]	1000 mg orally **OR** 500 mg once a day	Single dose - If symptoms not resolved after 24 hours, complete a 3 day course 3-day course[b]

Rifaximin[c]	200 mg orally three times a day	3-days (in patients > 12 years old)

a. Use empirically as first-line in Southeast Asia and India to cover fluoroquinolone resistant *Campylobacter* or in other geographic areas if *Campylobacter* or resistant enterotoxigenic *E. coli* are suspected.

b. Preferred regimen for dysentery or febrile diarrhea.

c. Do not use if clinical suspicion for *Campylobacter, Salmonella, Shigella*, or other causes of invasive diarrhea.

1. Riddle MS, DuPont HL, Connor BA. ACG Clinical Guideline: Diagnosis, Treatment, and Prevention of Acute Diarrheal Infections in Adults. Am J Gastroenterol. 2016;111(5):602-622

P&T/DUR Review: 11/19 (DM), 7/15; 5/15 (AG)
Implementation: 1/1/20; 10/15; 8/15