Clinical Policy Title:	rifamycin
Policy Number:	RxA.341
Drug(s) Applied:	Aemcolo®
Original Policy Date:	03/06/2020
Last Review Date:	09/14/2021
Line of Business Policy Applies to:	All lines of business

Background

Rifamycin (Aemcolo®) is an oral rifamycin antibacterial. It is indicated for the treatment of travelers' diarrhea (TD) caused by non-invasive strains of *Escherichia coli* in adults.

Limitation(s) of use: Aemcolo® is not indicated in patients with diarrhea complicated by fever or bloody stool or due to pathogens other than non-invasive strains of Escherichia coli.

Dosing Information

Drug Name	Indication	Dosing Regimen	Maximum Dose
rifamycin (Aemcolo®)	TD	388 mg orally twice daily for three days	776 mg/day

Dosage Forms

- Delayed-release tablet: 194 mg

Clinical Policy

Provider must submit documentation (such as office chart notes, lab results or other clinical information) supporting that member has met all approval criteria. The provision of provider samples does not guarantee coverage under the terms of the pharmacy benefit administered by RxAdvance. All criteria for initial approval must be met in order to obtain coverage.

I. Initial Approval Criteria

A. Travelers' Diarrhea (must meet all)**:**

1. Diagnosis of Travelers' Diarrhea;
2. Age 18 years of age or older;
3. Failure of one of the following (a or b):
   a. Azithromycin 1,000 mg as a single dose, unless contraindicated or clinically significant adverse effects are experienced;
   b. Fluoroquinone regimens, unless contraindicated or clinically significant adverse are experienced (i, ii, or iii):
      i. Ciprofloxacin 750 mg daily or 500 mg twice daily for 1-3 days;
      ii. Levofloxacin 500 mg once daily for 1-3 days;
      iii. Ofloxacin 400 mg once daily for 1-3 days;
4. Dose does not exceed 776 mg per day (4 tablets per day).

Approval duration

Commercial: 3 days

Medicaid: 3 days

II. Continued Therapy Approval

A. Travelers' Diarrhea

1. Members is currently receiving medication that has been authorized by RxAdvance or member has previously met initial approval criteria listed in this policy. May not be renewed as maximum allowed treatment duration is 3 days.
2. Review initial approval criteria for new cases of travelers' diarrhea unrelated to original request.

Approval duration

Not applicable

III. Appendices

APPENDIX A: Abbreviation/Acronym Key

FDA: Food and Drug Administration

TD: Travelers' Diarrhea

APPENDIX B: Therapeutic Alternatives

Below are suggested therapeutic alternatives based on clinical guidance. Please check drug formulary for preferred agents and utilization management requirements.

Drug Name	Dosing Regimen	Dose Limit/Maximum Dose
azithromycin (Zithromax®)	1,000 mg oral administration single dose	500 mg/day oral administration is FDA-approved dosage; however, doses up to 1,200 mg/day oral administration are used off-label; 2 g oral administration when given as single dose.
ciprofloxacin (Cipro®)	500 mg orally twice daily for 1 to 3 days	1.5 g/day (regular release)
levofloxacin	500 mg orally once daily for 1 to 3 days	Usually 750 mg/day; occasionally higher dosages have been suggested
ofloxacin	200 mg orally twice daily for 1-3 days or 400 mg orally as a single dose or once daily for 3 days	800 mg/day

Therapeutic alternatives are listed as generic (Brand name®) when the drug is available by both generic and brand; Brand name® when the drug is available by brand only and generic name when the drug is available by generic only.

APPENDIX C: Contraindications/Boxed Warnings

- Contraindication(s):
  - Known hypersensitivity to rifamycin, any of the other rifamycin class antimicrobial agents (e.g., rifaximin), or any of the components in Aemcolo®.

- Boxed warning(s):
  - None reported.

References

1. Aemcolo Prescribing Information. Raleigh, NC: RedHill Biopharma, Inc.; November 2018. Available at: https://www.aemcolo.com/wp-content/uploads/2021/03/Aemcolo-Master-PI-011720.pdf . Accessed May 28, 2021.
2. Connor BA. Centers for Disease Control and Prevention: Travelers' diarrhea, chapter 2 – the pretravel consultation. Available at: https://wwwnc.cdc.gov/travel/yellowbook/2018/the-pretravel-consultation/travelers-diarrhea. Accessed May 28, 2021.
3. Riddle MS, et al. Guidelines for the prevention and treatment of travelers' diarrhea: a graded expert panel report. J Travel Med. 2017:24(Suppl 1):S63-80. Accessed May 28, 2021.
4. DuPont HL, et al. Targeting of rifamycin SV to the colon for treatment of travelers' diarrhea: a randomized, double-blind, placebo-controlled phase 3 study. J Travel Med. 2014:21(6):369–76. Accessed May 28, 2021.
5. Steffen R, Jiang Z, Garcia MLG, et al., Rifamycin SV-MMX for treatment of travelers' diarrhea: equally effective as ciprofloxacin and not associated with the acquisition of multidrug resistant bacteria. J Travel Med. Tay116, https://doi.org/10.1093/jtm/tay116. Published 20 November 2018. Accessed May 28, 2021.

Review/Revision History	Review/Revision Date	P&T Approval Date
Policy established.	01/2020	03/06/2020
Policy updated. 1. Formatting updated. 2. References updated. 3. Clinical policy title updated. 4. Drug(s) Applied updated. 5. Lines of business updated. 6. Continued therapy criteria updated.	06/18/2020	09/14/2020
Policy was reviewed: 1. Doing Information dosing regimen was updated to include "for three days." 2. Statement about provider sample ''The provision of provider samples does not guarantee coverage…" was added to Clinical Policy. 3. Initial Approval Criteria I.A.3.b was updated to include " Fluoroquinone regimens, unless contraindicated or clinically significant…" 4. Initial Approval Criteria I.A.3.b.i was updated to include " Ciprofloxacin 750 mg daily or 500 mg twice daily for 1-3 days." 5. Initial Approval Criteria I.A.3.b.ii was updated to include "Levofloxacin 500 mg once daily for 1-3 days." 6. Initial Approval Criteria I.A.3.b.iii was updated to include "Ofloxacin 400 mg once daily for 1-3 days." 7. Continued Therapy Criteria II.A.1 was rephrased to "Member is currently receiving medication that has been authorized by RxAdvance...".	05/28/2021	09/14/2021

8. Therapeutic Alternatives verbiage was rephrased to "Below are suggested therapeutic alternatives based on clinical guidance..". 9. Appendix B: Therapeutic Alternatives was updated to include “ciprofloxacin…”, “levofloxacin…”, and “ofloxacin…”. 10. Statement about drug listing format in Appendix B is rephrased to "Therapeutic alternatives are listed as generic (Brand name®) when the drug is available by both generic and brand; Brand name® when the drug is available by brand only and generic name when the drug is available by generic only". 11. References were reviewed and updated.		