

Rifaximin for Treatment of Chronic Hepatic Encephalopathy in Chronic Liver Disease

Criteria for Use

November 2016

VA Pharmacy Benefits Management Services, Medical Advisory Panel, and VISN Pharmacist Executives

The following recommendations are based on medical evidence, clinician input, and expert opinion. The content of the document is dynamic and will be revised as new information becomes available. The purpose of this document is to assist practitioners in clinical decision-making, to standardize and improve the quality of patient care, and to promote cost-effective drug prescribing. THE CLINICIAN SHOULD UTILIZE THIS GUIDANCE AND INTERPRET IT IN THE CLINICAL CONTEXT OF THE INDIVIDUAL PATIENT. INDIVIDUAL CASES THAT ARE EXCEPTIONS TO THE EXCLUSION AND INCLUSION CRITERIA SHOULD BE ADJUDICATED AT THE LOCAL FACILITY ACCORDING TO THE POLICY AND PROCEDURES OF ITS P&T COMMITTEE AND PHARMACY SERVICES. The Product Information should be consulted for detailed prescribing information. See the VA National PBM-MAP-VPE Monograph on this drug at www.pbm.va.gov or <http://vawww.pbm.va.gov> for further information.

Exclusion Criteria *If the answer to ANY item below is met, then the patient should NOT receive rifaximin.*

- Known hypersensitivity to rifaximin, rifamycin antimicrobial agents, or any other component of rifaximin

Inclusion Criteria *The answers to one of the following must be fulfilled in order to meet criteria.*

Refractory to lactulose (Select both to be eligible):

- Patient has had recurrent or persistent hepatic encephalopathy despite receiving lactulose at a dose that obtains 2 – 3 loose stools per day.
- Both endpoints (recurrent or persistent symptoms of hepatic encephalopathy and number of loose stools per day) are documented in patient's medical record.

Intolerance to lactulose (Select both to be eligible):

- Patient being treated with lactulose for recurrent or persistent hepatic encephalopathy and experiencing ≥ 4 loose stools per day despite lactulose dosage reductions.
- Both endpoints (number of loose stools per day and dosage adjustments) are documented in the patient's medical record.

Non-adherence to lactulose (Select both to be eligible):

- Patient experiencing recurrent or persistent hepatic encephalopathy secondary to non-adherence of lactulose despite provision of patient education on more than one visit regarding the importance of adherence.
- Both endpoints (recurrent or persistent symptoms of hepatic encephalopathy and repeated efforts in patient education) are documented in the patient's medical record.

Dosage and Administration

Rifaximin 550mg orally twice daily. This can be taken with or without food. Each rifaximin prescription should be limited to no more than a 3 month supply.

Issues for Consideration

- Rifaximin may be used in combination with lactulose for hepatic encephalopathy.
- After evaluating for initial response and tolerability, reassess medical treatment for hepatic encephalopathy every 3 months while on rifaximin therapy. In addition to assessing the clinical signs and symptoms of hepatic encephalopathy, it is important to monitor the nutrition status, hydration status and electrolytes of the patient.
- The dose of lactulose should be titrated to maintain two to three bowel movements per day. According to the 2014 AASLD Guidelines, "It is a misconception that lack of effect of smaller amounts of lactulose is remedied by much larger doses. There is a danger for overuse of lactulose leading to complications, such as aspiration, dehydration, hypernatremia, and severe perianal skin irritation, and overuse can even precipitate hepatic encephalopathy."
- The manufacturer recommends using rifaximin with caution in patients with severe hepatic impairment (Child-Pugh C) as there is increased systemic exposure in these patients; however, the clinical significance of this is unknown. No dosage adjustment is recommended because rifaximin is presumably acting locally. Nonetheless, caution should be exercised when rifaximin is administered to patients with severe hepatic impairment.

Prepared: November 2007; Updated August 2010, November 2016

Contact: Melinda Neuhauser, PharmD, MPH, VA Pharmacy Benefits Management Services