

# Aemcolo (rifamycin)

Override(s)	Approval Duration
Prior Authorization Quantity Limit	1 month

  

Medications	Quantity Limit
Aemcolo (rifamycin) tablets	12 tablets per fill; 1 fill per 30 days

## **APPROVAL CRITERIA**

Requests for Aemcolo (rifamycin) may be approved if the following criteria are met:

- I. Individual has a diagnosis of travelers' diarrhea (TD); **AND**
- II. Individual has already been started on Aemcolo (rifamycin) and needs to complete treatment;  
**OR**
- III. Individual has had a trial (medication samples/coupons/discount cards are excluded from consideration as a trial) and inadequate response or intolerance to one of the following agents (A **or** B below) or has contraindications to all of the following agents (both A **and** B below) (CDC, 2020):
  - A. Generic Fluoroquinolone (ciprofloxacin, levofloxacin, or ofloxacin);
  - B. Generic Azithromycin.

## **Key References:**

1. Centers for Disease Control (CDC). Yellow Book 2020 – Health Information for International Travel. Chapter 2. Travelers' Diarrhea. Available at: <https://wwwnc.cdc.gov/travel/yellowbook/2020/preparing-international-travelers/travelers-diarrhea>. Last Updated: November 22, 2019. Accessed: September 10, 2022.
2. DailyMed. Package inserts. U.S. National Library of Medicine, National Institutes of Health website. <http://dailymed.nlm.nih.gov/dailymed/about.cfm>. Accessed: September 10, 2022.
3. DrugPoints® System [electronic version]. Truven Health Analytics, Greenwood Village, CO. Updated periodically.
4. Lexi-Comp ONLINE™ with AHFS™, Hudson, Ohio: Lexi-Comp, Inc.; 2022; Updated periodically.
5. Pimentel M, Saad RJ, Long MD, Rao SSC. ACG Clinical Guideline: Small Intestinal Bacterial Overgrowth. *Am J Gastroenterol*. 2020;115(2):165-178.

Federal and state laws or requirements, contract language, and Plan utilization management programs or policies may take precedence over the application of this clinical criteria.

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