

Commercial/Healthcare Exchange PA Criteria

Effective: May 8th, 2019

Prior Authorization: Aemcolo

Products Affected: Aemcolo (rifamycin delayed-release) oral tablets

Medication Description: Rifamycin belongs to the ansamycin class of antibacterial drugs and acts by inhibiting the beta subunit of the bacterial DNA-dependent RNA polymerase, blocking one of the steps in DNA transcription. This results in inhibition of bacterial synthesis, and consequently, growth of bacteria.

Covered Uses: Treatment of travelers' diarrhea caused by non-invasive strains of *Escherichia coli* in adults.

Exclusion Criteria:

1. Patients with a known hypersensitivity to rifamycin, any of the other rifamycin class antimicrobial agents (e.g. rifaximin)
2. Diarrhea accompanied by fever or bloody stools
3. Traveler's diarrhea due to pathogens other than noninvasive strains of *E. coli*

Required Medical Information:

1. Diagnosis
2. Previous therapies tried and failed

Age Restrictions: 18 years of age and older

Prescriber Restrictions: N/A

Coverage Duration: 3 days

Other Criteria:

- A. Patient has a confirmed diagnosis of traveler's diarrhea known to be caused by a noninvasive strain of *Escherichia coli*; **AND**
- B. Patient's disease is not complicated by fever or blood in the stool; **AND**
- C. Patient has tried and failed, has a contraindication to, or has experienced significant adverse effects from, a fluoroquinolone antibiotic (e.g. ciprofloxacin).

References:

1. Aemcolo™ delayed-release tablets [prescribing information]. San Diego, CA: Aries Pharmaceuticals, Inc.; November 2018.

Policy Revision history

Rev #	Type of Change	Summary of Change	Sections Affected	Date
1	New Policy	New Policy	All	4/23/2019
2	Annual Review	N/A	N/A	3/30/2020

