Shared Care Guideline for Rifaximin (GP Summary)

It is essential that a transfer of care only takes place with agreement of the GP and when sufficient information has been received. If the GP does not agree to share care they will inform the Consultant responsible for the patient's care.

Basingstoke, Southampton & Winchester District Prescribing Committee

Specialist Contact Details	**Patient ID Label**
Name:_____	**Surname:**_____
Location:_____	**Forename:**_____
Date:_____	**NHS Number:**_____
Tel:_____	**Date of Birth:**_____

Indications	For the reduction in recurrence of episodes of overt hepatic encephalopathy in patients ≥18 years of age
Dose & response	550mg TWICE a day for 6 months at which point the hospital consultant will review the need for treatment continuation.
GP Responsibilities	• Ensure all other practice prescribers are aware of this shared care guideline. • To prescribe rifaximin 550mg tablets, ONE to be taken TWICE a day x 56 tablets (1-month supply at a time). • Report any adverse effects to hospital consultant and MHRA. • Check for potential drug interactions when initiating new medication or stopping concurrent medications. • Report to and seek advice from specialist on any aspect of patient care that is of concern and may affect treatment. • Patients should be continued on lactulose whilst on rifaximin, if tolerated.
Primary care monitoring	• No specific monitoring requirements apply to the use of rifaximin. • Ensure routine LFTs every 6 months for those patients with cirrhosis.
Actions to be taken in response to monitoring	• Any deterioration in LFTs for those with cirrhosis report back to hospital consultant. • Report any adverse effects to hospital consultant and MHRA.
Contra-indications	• Known hypersensitivity to rifaximin, other rifamycin antibiotics or any ingredients in the formulation (see list of excipients in SPC www.medicines.org.uk). Hypersensitivity reactions including; exfoliative dermatitis, angioneurotic oedema and anaphylaxis. • Intestinal obstruction.
Cautions	• Clostridium difficile associate diarrhoea and pseudomembranous colitis cannot be ruled out. • Inform patients that rifaximin may cause a reddish discolouration of the urine. • In those on oestrogen containing oral contraceptives (particularly those that contain <50micrograms of oestrogen), rifaximin may reduce the effectiveness. Recommend using additional contraception precautions. • Use with caution in hepatic impairment, severe (Child-Pugh C) and in patients with MELD (Model for End Stage Liver Disease) score >25. • Rifaximin is contraindicated in pregnancy. • Women being treated with rifaximin should not breastfeed.

Important adverse effects & management	• Common side-effects: abdominal pain, depression, diarrhoea, dizziness, dyspnoea, flatulence, headache, muscle spasm, nausea, pruritus, rash and vomiting. • Adverse effects occurring at frequency >5% in hepatic encephalopathy studies (including those common side-effects listed above): fatigue, ascites, anaemia, cough, insomnia, nasopharyngitis, arthralgia, constipation, pyrexia and peripheral oedema. • Report any suspected adverse effects via yellow cards scheme via MHRA website.
Important Drug Interactions	• Ciclosporin can very markedly increase systemic exposure to rifaximin. • Patients on warfarin must have their INR carefully monitored when initiating or stopping rifaximin (both increases and decreases in INR have been reported).

Date approved: August 2013
Revised: October 2018
Review date: October 2020