Rifaximin (Targaxan®▼)
Shared Care Guideline for Rifaximin 550mg tablets (Targaxan®▼)

This shared care guideline (SCG) has been written to enable the continuation of care by primary care clinicians of patients initiated on Rifaximin 550mg tablets (Targaxan®) by the specialist in Barnsley.

Background Information	Rifaximin has a broad spectrum of activity against gram positive and gram negative, aerobic and anaerobic bacteria. In inhibiting the division of urea-deaminating bacteria, rifaximin reduces the production of ammonia and other compounds which are believed to be important in the pathogenesis of hepatic encephalopathy.
BNF therapeutic class	5.1.7 Other antibacterials
Indication	Rifaximin 550mg tablets are licensed for the reduction in recurrence of hepatic encephalopathy as second line therapy. Rifaximin should be prescribed as co-adjuvant therapy with lactulose oral solution for the management of hepatic encephalopathy, unless lactulose is not tolerated by patient.
Dosage and administration	550mg orally twice daily. The clinical benefit was established from a controlled study in which subjects were treated for 6 months. Treatment beyond 6 months is stable and no risk was identified. However, treatment response and continuity should be assessed by clinician every time when reviewing patient in secondary care. Rifaximin can be taken with or without food.
Cautions and Contraindication	Cautions • The potential association of rifaximin treatment with Clostridium difficile associated diarrhoea and pseudomembranous colitis (PMC) cannot be ruled out. • Concomitant administration of rifaximin with other rifamycins is not recommended. • Patients should be informed that despite the negligible absorption of the drug (less than 1%), like all rifamycin derivatives, rifaximin may cause a reddish discolouration of the urine. • Hepatic Impairment: use with caution in patients with severe (Child-Pugh C) hepatic impairment and in patients with MELD (Model for End-Stage Liver Disease) score > 25. • Due to the effects on the gut flora, the effectiveness of oral oestrogenic contraceptives could decrease after rifaximin administration. However, such interactions have not been commonly reported. It is recommended to take additional contraceptive precautions, in particular if the oestrogen content of oral contraceptives is less than 50µg. Contraindications • Hypersensitivity to rifaximin, rifamycin-derivatives or to any of the excipients

	• Cases of intestinal obstruction • Pregnancy and breastfeeding
Adverse Drug Reactions	Nausea, vomiting, abdominal pain, flatulence, diarrhoea, dyspnoea, headache, dizziness, muscle spasm, rash, pruritus, depression Less commonly: taste disturbances, dry mouth, oedema, anxiety
Monitoring	There are no specific monitoring requirements. However, it is worth monitoring patient's clinical condition such as temperature, blood in stools and change in symptoms.
Interactions	In healthy subjects, clinical drug interaction studies demonstrated that rifaximin did not significantly affect the pharmacokinetics of CYP3A4 substrates, however, in hepatic impaired patients it cannot be excluded that rifaximin may decrease the exposure of concomitant CYP3A4 substrates administered (e.g. warfarin, antiepileptic's, antiarrhythmic), due to the higher systemic exposure with respect to healthy subjects.

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References

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2. BNF September 2014. Number 68. Available at: www.bnf.org.uk Accessed 15/10/2014
3. NICE Rifaximin for preventing episodes of overt hepatic encephalopathy [TA337] 2015. https://www.nice.org.uk/guidance/ta337/chapter/1-Guidance Accessed 13/10/2020

Development process

This guideline was developed following an AMBER-G (Amber with guidance) classification status of rifaximin for the treatment of hepatic encephalopathy, by the Barnsley Area Prescribing Committee. This information has been subject to consultation and endorsement by the Gastroenterologists in Barnsley and was ratified at the Area Prescribing Committee on 11th November 2020.