

### Clinical Pharmacy Program Guidelines for Aemcolo

Program	Prior Authorization
Medication	Aemcolo (rifamycin)
Markets in Scope	Arizona, California, Hawaii, Maryland, Nevada, New Jersey, New York, New York EPP, Pennsylvania- CHIP, Rhode Island, South Carolina
Issue Date	4/2020
Pharmacy and Therapeutics Approval Date	4/2020
Effective Date	6/2020

**1. Background:**

Aemcolo is an antibacterial indicated for the treatment of travelers’ diarrhea caused by noninvasive strains of *Escherichia coli* in adults.

**2. Coverage Criteria:**

**A. Travelers’ Diarrhea**

1. **Aemcolo** will be approved based on both of the following criteria:

a. Diagnosis of travelers’ diarrhea

**-AND-**

b. History of failure, contraindication, or intolerance to **one** of the following:

- Azithromycin (generic Zithromax)
- Ciprofloxacin (generic Cipro)
- Levofloxacin (generic Levaquin)
- Ofloxacin (generic Floxin)

**Authorization will be issued for one month.**

**3. Additional Clinical Rules:**

- Notwithstanding Coverage Criteria, UnitedHealthcare may approve initial and re-authorization based solely on previous claim/medication history, diagnosis codes

(ICD-10) and/or claim logic. Use of automated approval and re-approval processes varies by program and/or therapeutic class.

- Supply limits may be in place.

**4. References:**

1. Aemcolo prescribing information. RedHill Biopharma, Inc., Raleigh, NC. December 2019.
2. LaRocque, R and Harris JB. Travelers’ diarrhea: Clinical manifestations, diagnosis, and treatment. Calderwood SB, ed. UpToDate. Waltham, MA: UpToDate Inc. <https://www.uptodate.com> (Accessed on March 11, 2020).

Program	Prior Authorization –Aemcolo (rifamycin)
<b>Change Control</b>	
Date	Change
April 2020	New program.