

Surrey Heartlands Integrated Care System Area Prescribing Committee (APC)

Pathway for prescribing rifaximin (Targaxan®▼) for the prevention and treatment of episodes of overt hepatic encephalopathy

Based on NICE TA337 - Rifaximin for preventing episodes of overt hepatic encephalopathy

Guidance

Rifaximin is recommended, within its marketing authorisation, as an option for reducing the recurrence of episodes of overt hepatic encephalopathy in people aged 18 years or older

Pathway

Consultant Gastroenterologist or Hepatologist to assess suitability of patient to receive rifaximin (Targaxan®)

Treatment to be initiated and baseline LFT to be checked by the hospital

Treatment to be initiated as inpatient or in Liver Clinic and prescription to be provided by hospital for 4 weeks following optimisation of first line therapy: removal/correction of precipitating factors and use of laxatives titrated to produce two soft stools daily.

Follow up appointment in Liver Clinic

Assess; efficacy, response to treatment (using HESA and feedback/observations from carers) and LFT after 4 weeks.

Further prescription of another 4 weeks rifaximin from the hospital if deemed to be effective. If effective GP to be sent transfer of care letter and prescribing pathway.

Specialist is responsible for supply until GP has agreed to take over prescribing

GP to assess compliance with treatment before issuing further 4 weekly prescriptions

Compliant

GP to continue to issue monthly prescriptions for rifaximin at the licensed dose – 550mg twice daily

If patients develop diarrhoea:

- review and where appropriate reduce laxative dose.
- If diarrhoea does not rapidly respond consider sending a sample for clostridium difficile culture and toxin detection.

Review in Liver Clinic

Specialist review for efficacy/response to treatment and specialist check of LFTs minimum 6 monthly (stable patients), more frequently if unstable

Non-compliant or any issues

Refer back to Consultant Gastroenterologist.

Supporting information

Patients should be supported in avoiding factors which could precipitate hepatic encephalopathy, for example dehydration and some medicines including sedatives.

Ensure patients are compliant with the recommended laxatives to produce two soft stools daily.

Do not stop rifaximin unless advised by consultant.

Care should be taken with co-administration of warfarin, antiepileptics, antiarrhythmics & oral contraceptives due to potential interactions