blue 🗑 of california

rifamycin (AEMCOLO)

Diagnoses Considered for Coverage:

• Traveler's Diarrhea - treatment

Coverage Criteria:

For diagnosis of treatment of traveler's diarrhea, approve if:

- Inadequate response, intolerable side effect, or contraindication to Xifaxan, **and**
- Inadequate response, intolerable side effect, contraindication, or resistance to a fluoroquinolone (ciprofloxacin, levofloxacin, moxifloxacin, ofloxazin) or azithromycin, and
- Dose does not exceed 388 mg (two tablets) twice per day for 3 days.

Coverage Duration: 3 days per request

Effective Date: 08/30/2023