Address Line 1
Address Line 2
Address Line 3
Address Line 4

Recipient Address Line 1

Date

Patient Details

Dear Dr

---------- was commenced on rifaximin 550 mg twice daily on ----------and has been reviewed by the Liver Specialist Nurse/Consultant Gastroenterologist on ----------. He/she showed a marked clinical improvement in respect of their hepatic encephalopathy and has not displayed any adverse reactions to this medication to date. A second prescription for 4 weeks supply has been issued.

We would be most grateful if you could provide repeat prescriptions to facilitate the on-going provision of this medication as per the attached prescribing pathway.

This medication should be withdrawn in the event of adverse reactions and contraindications with an unacceptable risk to the patient, if it is deemed to be ineffective, the patient becomes pregnant, or is seen to be non-compliant.

The patient will continue to have on-going monitoring in review clinics as clinically required under the care of Dr --------.

Use of this medication after a six month period should be based on an individual's risk benefit assessment, including those risks associated with the progression of the patient's hepatic dysfunction, and is subject to individual clinical opinion. The need for continued treatment beyond six months will be on Liver Clinic assessment and advice only.

Yours sincerely

Rifaximin for the treatment of hepatic encephalopathy

Hepatic encephalopathy (HE) is a reversible neuropsychiatric disorder caused by accumulation of toxins in the bloodstream that are normally removed by the liver. HE encompasses a spectrum of neuropsychiatric abnormalities seen in patients with established liver disease, and is most commonly associated with liver cirrhosis. Patients with HE may experience symptoms ranging from subtle neurological abnormalities (e.g., mood alterations, changes in reaction times in daily activities such as driving), to severe neurological impairment (e.g., difficulty in moving and communicating) and in extreme cases, coma.

Current pharmacological management of HE involves using disaccharides (such as lactulose), to convert soluble ammonia to insoluble ammonium, with or without antibiotics (such as neomycin), to inhibit ammonia-generating bacteria. Currently, there are no therapies recommended by NICE for maintaining remission from episodes of HE. People with HE may receive lactulose to prevent recurrence of HE episodes. Long term use of antibiotics is not recommended due to the associated toxicities.

Whilst lactulose is not licensed for the reduction in recurrence of episodes of overt HE, it is the current standard of care, and is the most routinely used therapeutic option for patients with ongoing HE at this time. Lactulose will remain as the first line treatment for HE, and all patients eligible for rifaximin will also continue lactulose.

Rifaximin

Rifaximin is a minimally absorbed antibiotic agent that has activity against ammonia-producing bacteria found in the gastrointestinal tract. It reduces the production of ammonia, the substance which is responsible for the symptoms of HE.

Contraindications: known hypersensitivity to rifaximin or rifamycin-derivatives and patients with intestinal obstruction.

Cautions: risk factors for developing Clostridium difficile infection, and patients with severe hepatic impairment (Childs-Pugh C or MELD score ≥25).

Rifaximin should not be used in combination with any other rifamycin-derivatives.

This medication should be withdrawn in the event of adverse reactions and contraindications with an unacceptable risk to the patient, if it is deemed to be ineffective, the patient becomes pregnant, or is seen to be non-compliant.

Rifaximin Prescribing Pathway

Consultant Gastroenterologist to assess suitability of patient to receive rifaximin.

Treatment to be initiated as inpatient or in Liver Clinic and prescription to be provided by hospital for 4 weeks.

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Follow up appointment in Liver Clinic to assess efficacy / response to treatment.

Further prescription for 4 weeks if rifaximin deemed to be effective.

GP to be sent standard transfer of care letter and prescribing pathway.

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GP to assess compliance with treatment / continued alcohol intake before issuing further 4 week prescriptions for rifaximin.

Effective

GP to continue to assess patients every 4 weeks, as above, before issuing further prescriptions.

Not effective / Non-compliant

Stop rifaximin
Refer back to Consultant Gastroenterologist if necessary.

At 6 months

Review in Liver Clinic regarding continuation of drug in surviving / non-transplant patients.

GP only to issue further 4 weekly prescriptions on the advice of the Liver Clinic.

All patients continuing on rifaximin beyond 6 months will be reviewed in the Liver Clinic at 3 monthly intervals. Treatment will be discontinued if it is ineffective, if transplantation occurs or if a patient with alcoholic liver disease continues alcohol intake.