

From: {{sender name and email}}

To: {{recipient name and email}}

Subject:

1. See a summary of XIFAXAN® (rifaximin) dosing information
2. Learn how XIFAXAN® (rifaximin) dosing is different
3. Find dosing information for XIFAXAN® (rifaximin) in a flash
4. Dosing information for XIFAXAN® (rifaximin) at your fingertips

Preheader:

1. It's just a couple of clicks away
2. There's no need for continuous daily therapy
3. It's easy to save or print for reference
4. Learn more

Links To: <https://www.xifaxan.com/hcp/ibsd/>

Links To: <https://shared.salix.com/globalassets/pi/xifaxan550-pi.pdf>

Links To: <https://www.xifaxan.com/hcp/#ISI>



Full Prescribing Information

Important Safety Information

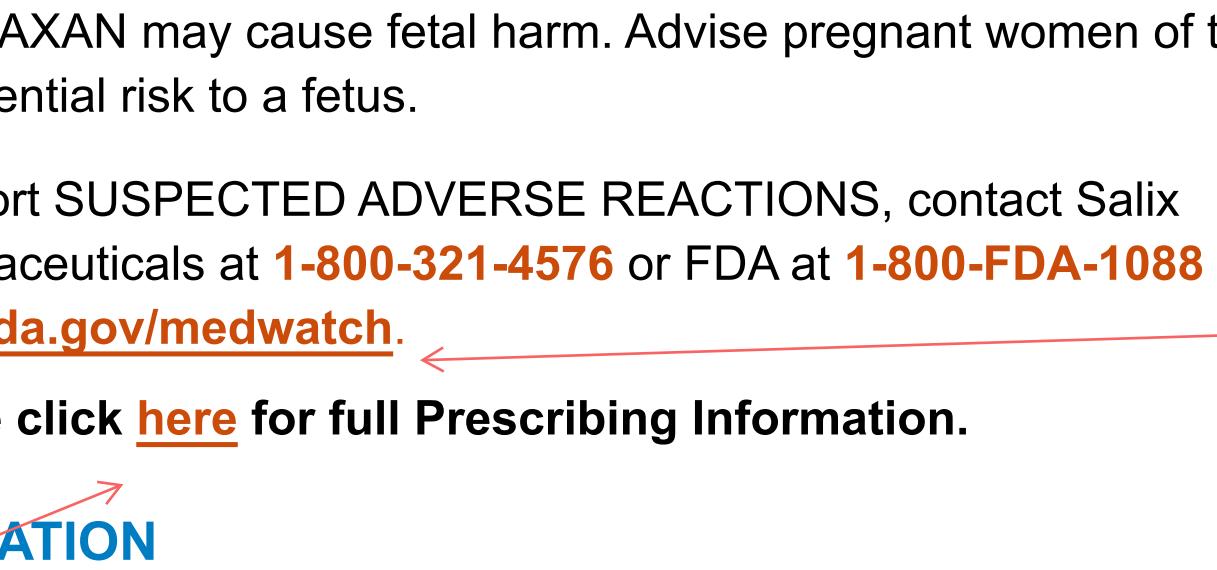
## Dosing convenience for you and your patients<sup>1</sup>

Dear {{accFname}} {{accLname}},

Most adult IBS-D treatments manage symptoms with continuous daily therapy—but XIFAXAN® (rifaximin) is different.<sup>1-3</sup> Just 2 weeks of treatment 3 times a day, with or without food, can deliver lasting relief\* of multiple symptoms.<sup>1,4,5</sup>

In studies, more patients taking XIFAXAN vs placebo had IBS-D symptom relief the month following 2 weeks of treatment. Median of 10 weeks (range 6-24 weeks) of abdominal pain and diarrhea relief.

Patients can be retreated up to 2 times if symptoms return.<sup>1,4,5</sup>



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Link to: <https://www.xifaxan.com/hcp/bsd/safety-and-dosing/#dosingSec>

### IMPORTANT SAFETY INFORMATION

- XIFAXAN is contraindicated in patients with a hypersensitivity to rifaximin, rifamycin antimicrobial agents, or any of the components in XIFAXAN. Hypersensitivity reactions have included exfoliative dermatitis, angioneurotic edema, and anaphylaxis.
- *Clostridium difficile*-associated diarrhea (CDAD) has been reported with use of nearly all antibacterial agents, including XIFAXAN, and may range in severity from mild diarrhea to fatal colitis. If CDAD is suspected or confirmed, ongoing antibiotic use not directed against *C. difficile* may need to be discontinued.
- There is an increased systemic exposure in patients with severe (Child-Pugh Class C) hepatic impairment. Caution should be exercised when administering XIFAXAN to these patients.
- Caution should be exercised when concomitant use of XIFAXAN and P-glycoprotein (P-gp) and/or OATPs inhibitors is needed. Concomitant administration of cyclosporine, an inhibitor of P-gp and OATPs, significantly increased the systemic exposure of rifaximin. In patients with hepatic impairment, a potential additive effect of reduced metabolism and concomitant P-gp inhibitors may further increase the systemic exposure to rifaximin.
- In clinical studies, the most common adverse reactions for XIFAXAN (alone or in combination with lactulose) were:
  - IBS-D (≥2%): Nausea (3%), ALT increased (2%)
- INR changes have been reported in patients receiving rifaximin and warfarin concomitantly. Monitor INR and prothrombin time. Dose adjustment of warfarin may be required.
- XIFAXAN may cause fetal harm. Advise pregnant women of the potential risk to a fetus.

To report SUSPECTED ADVERSE REACTIONS, contact Salix Pharmaceuticals at **1-800-321-4576** or FDA at **1-800-FDA-1088** or [www.fda.gov/medwatch](http://www.fda.gov/medwatch).

Link to: <https://www.fda.gov/safety/medwatch-fda-safety-and-adverse-event-reporting-program>

Please click [here](#) for full Prescribing Information.

### INDICATION

XIFAXAN® (rifaximin) 550 mg tablets are indicated for the treatment of irritable bowel syndrome with diarrhea (IBS-D) in adults.

## Get a summary of XIFAXAN dosing information

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IBS-D, irritable bowel syndrome with diarrhea.

References: 1. XIFAXAN. Prescribing information. Salix Pharmaceuticals; 2023. Accessed November 12, 2024. <https://shared.salix.com/globalassets/pi/xifaxan550-pi.pdf>. 2. Viberzi®. Prescribing Information. Allergan; 2020. Accessed November 12, 2024. [https://www.viberzi.com/pdf/Viberzi\\_Pi.pdf](https://www.viberzi.com/pdf/Viberzi_Pi.pdf). 3. Amitriptyline HCl. Prescribing Information. Sandoz; 2020. Accessed November 12, 2024. [https://pdfs.hcpr.ca/dpd\\_pm/00041275.PDF](https://pdfs.hcpr.ca/dpd_pm/00041275.PDF). 4. diarrhea-predominant, irritable bowel syndrome. *Gastroenterology*. 2016;151(6):1113-1121. 5. Pimentel M, Lembo A, Chey WD, et al; TARGET Study Group. Rifaximin therapy for patients with irritable bowel syndrome without constipation. *N Engl J Med*. 2011;364(1):22-32. doi:10.1056/NEJMoa1004409

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