For adults with irritable bowel syndrome with diarrhea (IBS-D)[1]

Xifaxan® rifaximin 550 mg tablets

Discover how XIFAXAN may help make a difference.

PI POCKET

See if XIFAXAN might be right for your patients.

2 weeks of XIFAXAN provided multisymptom relief in adults with IBS-D[1-5*]

- **Lasting relief** from abdominal pain and diarrhea[1,2]
- **Relief** from bloating and urgency[2,4,5]

Read examples of real IBS-D patient experiences below or scan the QR code to watch their full videos.

Links to: https://www.xifaxan.com/ibsd/ibsd-resources-support/#patient-stories

Meet Georgia

"For me, the hardest part was learning how unpredictable all of my IBS-D symptoms were. I had to take a 40-minute subway ride to get home and the stress of that ride was a trigger for my symptoms."

Meet Jennifer

"Honestly, I wish that I had prioritized my health sooner and didn't delay finding treatment I could have had. It is possible to treat your IBS-D."

Meet Kevin

"There are treatments out there to help. XIFAXAN is actually the only 2-week prescription treatment for adults with IBS-D.

I recommend talking to your provider to see if it's right for you."

Meet Brooke

"My IBS-D symptoms probably started when I was younger, and I tolerated it for a long time, until I took action. It's nice to be able to take something for 2 weeks and feel lasting relief. And XIFAXAN is an option if my symptoms come back."

*Patients who experience recurrence can be retreated up to 2 times.

STUDY DESIGN

TARGET 1 AND 2:[1,2] Two identical phase 3, randomized, double-blind, placebo-controlled trials were conducted over a 3-month period. A total of 1258 patients meeting Rome II criteria for IBS-D were to receive XIFAXAN 550 mg 3 times a day (n=624) or placebo (n=634) for 14 days.

TARGET 3:[1,3] This trial included an open-label phase followed by a randomized, placebo-controlled phase, with the aim of determining the efficacy and safety of repeat treatment with XIFAXAN in patients with IBS-D who had responded to a 2-week course of XIFAXAN and subsequently experienced IBS-D symptom recurrence.

PRIMARY ENDPOINT RESULTS

TARGET 1 & 2:[1,2] 41% of patients (254 of 624) in the XIFAXAN 550 mg group in both studies, 31% of TARGET 1 placebo group (98 of 314), and 32% of TARGET 2 placebo group (103 of 320) experienced adequate relief of IBS-D signs and symptoms.

TARGET 3:[1,3] 38% experienced significant improvement in stool consistency and abdominal pain (n=125/328, P<0.05 vs 31.5% for placebo, n=97/308).

KEY SECONDARY ENDPOINT (BLOATING)

TARGET 1 & 2:[2,4] The proportion of patients who achieved adequate relief of IBS-D–related bloating (ie, responders) for at least 2 of 4 weeks during the month following 14 days of treatment. **A bloating responder** was defined as a patient who responded "yes" to the weekly question: "In regards to your IBS-D symptom of bloating, compared to the way you felt before you started study medication, have you, in the past 7 days, had adequate relief of your IBS-D symptom of bloating? [Yes/No]." Responses were given during the first 4 weeks of the treatment-free period following 2 weeks of active treatment (primary evaluation period). 40% of Xifaxan-treated patients were bloating responders vs 30% placebo (p<0.001).

POST HOC ENDPOINT (URGENCY)

TARGET 1, 2 & 3:[4,5] Change from baseline to each week during the 12-week study duration for sense of urgency.
An urgency responder was defined as a patient with a ≥30% decrease from baseline in the percentage of days with urgency for at least 2 of 4 weeks during the month following 14 days of treatment. Urgency was determined based on patient response of "yes" to the daily question: "Have you felt or experienced a sense of urgency today? [Yes/No]"
53% of Xifaxan-treated patients were urgency responders vs 43% placebo.

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.

Please see additional Important Safety Information on reverse side and accompanying full Prescribing Information in pocket.

Do your patients suffer from IBS-D?

While it might be uncomfortable for them to talk about their symptoms, it's an opportunity to understand how they are feeling—and if XIFAXAN may be an option for them.

How XIFAXAN may help...

XIFAXAN provides lasting relief from abdominal pain and diarrhea, as well as relief from bloating and urgency for adults with IBS-D.[1-4]

Be sure to ask your patients about all of the IBS-D-related symptoms they may be experiencing to help make an accurate diagnosis and appropriate treatment plan.

American College of Gastroenterology (ACG)‡‡

Talk to your patients about XIFAXAN today!

See reverse for clinical study details.

‡The American College of Gastroenterology gave Xifaxan (rifaximin) a strong recommendation to treat global IBS-D symptoms in the 2020 ACG Clinical Guideline on Managing IBS.[6]

- Based on a moderate quality of evidence
- Strength of recommendation: Strong=Most patients should receive the recommended course of action.
- Summary of quality of evidence: Moderate=The estimate of effect is uncertain."

IMPORTANT SAFETY INFORMATION (cont'd)

- *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 in IBS-D (≥2%) were nausea (3%) and 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.

INDICATION

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

Please see additional Important Safety Information on reverse side and accompanying full Prescribing Information in pocket.

REFERENCES: 1. XIFAXAN. Prescribing information. Salix Pharmaceuticals; 2023. **2.** 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 **3.** Lembo A, Pimentel M, Rao SS, et al. Repeat treatment with rifaximin is safe and eff ective in patients with diarrhea-predominant irritable bowel syndrome. *Gastroenterology*. 2016;151(6):1113-1121. doi:10.1053/j.gastro.2016.08.003 **4.** Lacy BE, Chang L, Rao SSC, Heimanson Z, Sayuk GS. Rifaximin treatment for individual and multiple symptoms of irritable bowel syndrome with diarrhea: an analysis using new end points. *Clin Ther*. 2023;45(3):198-209. doi:10.1016/j.clinthera.2023.01.010 **5.** Schoenfeld PS, Brenner DM, Pichetshote N, Heimanson Z, Lacy BE. Rifaximin significantly improves bowel movement urgency in patients with irritable bowel syndrome with diarrhea: a pooled analysis of three phase 3 trials. Poster presented at: Digestive Disease Week; May 21-23, 2021; virtual. **6.** Lacy BE, Pimentel M, Brenner DM, et al. ACG clinical guideline: management of irritable bowel syndrome. *Am J Gastroenterol*. 2021;116(1):17-44. doi:10.14309/ajg

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