

From: {{sender name and email}}

To: {{recipient name and email}}

Subject:

1. How to avoid unnecessary testing with a symptom-based IBS-D diagnosis
2. Make a symptom-based IBS-D diagnosis in your office
3. Confidently diagnose IBS-D in your patients based on symptoms
4. Discover the criteria used to make a symptom-based IBS-D diagnosis

Preheader:

1. Your patients may thank you
2. Using criteria shown to be highly accurate
3. The accuracy may surprise you
4. Help reduce unnecessary patient costs and tests

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

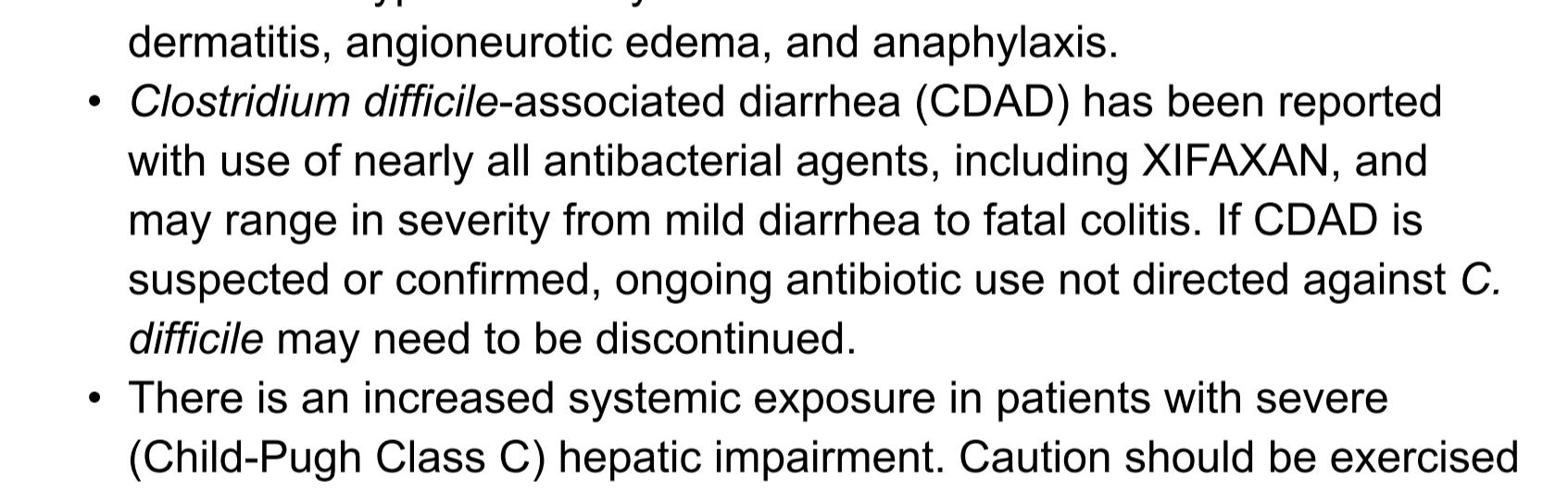
Links to: <https://www.xifaxan.com/hcp/ibsd/>

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

**Xifaxan®**  
rifaximin 550 mg tablets

Full Prescribing Information    Important Safety Information

When it comes to adult patients that may have IBS-D...  
**Confidently make a multi-symptom-based diagnosis<sup>1-3</sup>**



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

In 2021, the Rome Foundation sought to empower clinicians to make an IBS diagnosis and reduce unnecessary diagnostic testing. So, they proposed modifying criteria for application of the Rome IV diagnostic criteria in the clinical practice setting.<sup>4</sup> These criteria do not replace the standard Rome IV criteria for clinical trials or epidemiologic or pathophysiologic studies, and further research is needed to further validate these recommendations.

According to results among a population of 5,931 adults diagnosed with IBS, 97.1% were accurately diagnosed with IBS using symptom-based Rome IV Diagnostic Questionnaires.<sup>5</sup>

**Make a symptom-based diagnosis for adults with IBS-D**

**LEARN HOW >**

Link to: <https://www.xifaxan.com/hcp/ibsd/diagnosis/>

## 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).

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.

## Make a symptom-based diagnosis for adults with IBS-D

**LEARN HOW >**

IBS, irritable bowel syndrome; IBS-D, irritable bowel syndrome with diarrhea.  
IBS-D: 1. Lacy BE, Pimentel M, Brenner BM, et al. ACG Clinical Guideline: Management of Irritable Bowel Syndrome. *J Clin Gastroenterol*. 2017;51(1):99. 2. Lembcke A, Saito S, Chang L, Heidelbaugh JJ, Shyrly W, Verne GN. *Gastroenterology*. 2022;163:137-151. 3. Grossman DA, Tack J, Rome Foundation clinical diagnostic criteria for disorders of gut-brain interaction. *Gastroenterology*. 2016;150(6):1481-1491. doi:10.1053/j.gastro.2016.11.019. 4. Palsson OS, Whitehead WE, van Tilburg MA, et al. Development and validation of the Rome IV diagnostic questionnaire for adults. *Gastroenterology*. 2022;162(3):675-679. doi:10.1053/j.gastro.2021.11.019. 5. Palsson OS, Whitehead WE, van Tilburg MA, et al. Development and validation of the Rome IV diagnostic questionnaire for adults. *Gastroenterology*. 2016;150(6):1481-1491. doi:10.1053/j.gastro.2016.11.019.

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PHARMACEUTICALS

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