

Talk to your Healthcare Provider (HCP[‡]) to see if XIFAXAN may be right for you.

*IBS-D = irritable bowel syndrome with diarrhea.

Based on aggregated total of all prescribers as of June 2022.

Healthcare provider may be a doctor, physician's assistant, or nurse practitioner.



XIFOXON® rifaximin 550 mg tablets

INDICATION

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

IMPORTANT SAFETY INFORMATION

- · XIFAXAN is not for everyone. Do not take XIFAXAN if you have a known hypersensitivity to rifaximin, any of the rifamycin antimicrobial agents, or any of the components in XIFAXAN.
- If you take antibiotics, like XIFAXAN, there is a chance you could experience diarrhea caused by an overgrowth of bacteria (C. difficile).

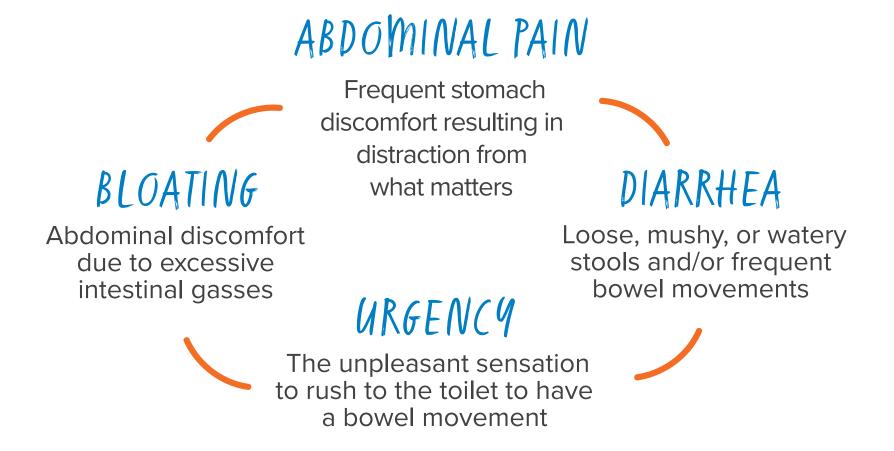
What is **IBS-D?**

Irritable bowel syndrome with diarrhea (IBS-D) is a common disorder of the large intestine (colon). Many others like you struggle with IBS-D.



Common IBS-D Symptoms

IBS-D patients often suffer from multiple symptoms that can vary over time. Dealing with some of the most common symptoms of IBS-D can be difficult to manage.



Talk to your HCP about your symptoms and experiences, so they can determine if you have IBS-D and find a treatment that's right for you.

IMPORTANT SAFETY INFORMATION (continued)

· This can cause symptoms ranging in severity from mild diarrhea to life-threatening colitis. Contact your healthcare provider if your diarrhea does not improve or worsens.

XIFAXAN is a **2-week treatment** that provided lasting relief from IBS-D-related abdominal pain and diarrhea in adults.[‡]

[‡]In clinical trials, more patients taking XIFAXAN vs placebo for 2 weeks had relief of IBS-D symptoms for 10 weeks following treatment. Median duration of symptom relief was 10 weeks (range of 6 to 24 weeks). You can be retreated up to 2 times if symptoms return. Individual results may vary.



The American College of Gastroenterology (ACG), a leading authority in GI disorders, has given XIFAXAN (rifaximin) a **strong recommendation to treat global IBS-D symptoms**. This is based on a moderate level of clinical trial data. If you want to learn more about the clinical data supporting the recommendation to see if XIFAXAN is right for you, talk to your HCP.

Common Side Effects

Patients taking XIFAXAN had similar rates of side effects when compared to patients who were given a placebo. Talk to your HCP if you experience any, and they may be able to help.

In clinical studies, these were the most common side effects with XIFAXAN:

- Nausea (feeling sick to your stomach) was observed in 2-3% of patients taking XIFAXAN vs 1-2% taking placebo.
- An increase in liver enzymes was observed in 2% of patients taking XIFAXAN vs 1% taking placebo.
- Constipation was observed in 0.3%-0.6% of patients treated with XIFAXAN.

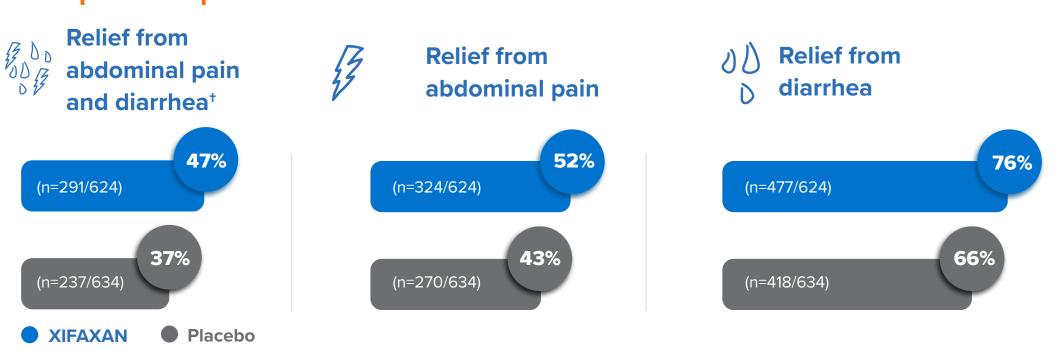
THE GNLY 2-VVEEK TREATMENT FDA-APPROVED FOR THE TREATMENT OF IBS-D IN ADULTS



IMPORTANT SAFETY INFORMATION (continued)

- Talk to your healthcare provider before taking XIFAXAN if you have severe hepatic (liver) impairment, as this may cause increased effects of the medicine.
- Tell your healthcare provider if you are taking drugs called P-glycoprotein and/or OATPs inhibitors (such as cyclosporine) because using these drugs with XIFAXAN may lead to an increase in the amount of XIFAXAN absorbed by your body.

2 weeks of XIFAXAN provided relief from both abdominal pain and diarrhea compared to placebo*



In a pooled analysis of TARGET 1 and 2 clinical trials. Efficacy responder rates in TARGET trials 1 and 2 during the 10 weeks following 2 weeks of treatment. No rescue medication was allowed in these clinical trials.

[†]Composite endpoint.

*You can be retreated up to 2 times if symptoms return. Individual results may vary.

Target 1 & 2 study design

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.

Primary endpoint: Adequate relief of IBS-D signs and symptoms for at least 2 of 4 weeks during the month following 14 days of treatment, with adequate relief defined as a response of "yes" to the weekly Subject Global Assessment (SGA) question: "In regards to your IBS-D symptoms, 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 symptoms? [Yes/No]."

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

Secondary endpoint: In both studies, more patients in the XIFAXAN 550 mg group had adequate relief of global IBS-D symptoms (see primary endpoint for definition) within the first month compared with the placebo group. Relief continued during the first 2 months and throughout all 3 months in both studies.

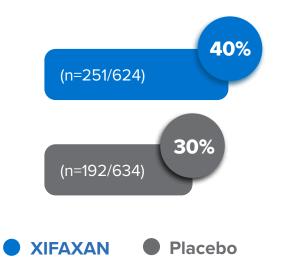
Composite endpoint: \geq 30% decrease from baseline in abdominal pain, with a weekly mean stool consistency score of <4 (loose stool) for \geq 2 weeks during the month following 2 weeks of treatment.

XIFAXAN also provided relief from bloating and urgency



Relief from bloating

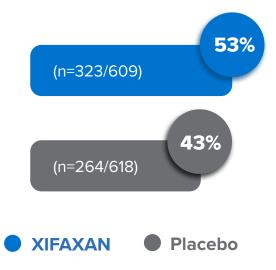
Percentage of bloating responders based on weekly responses in a pooled analysis of TARGET 1 and 2 trials.



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Relief from urgency

Percentage of urgency responders based on weekly responses in TARGET 1, 2, and 3 trials in a pooled post hoc analysis.



Key secondary endpoint: The proportion of subjects 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 questions: "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). **Secondary endpoint:** 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 a patient response of "yes" to the daily question: "Have you felt or experienced a sense of urgency today? [Yes/No]."

Stool frequency (number of bowel movements per day) was assessed as a secondary endpoint, but there was no meaningful difference between XIFAXAN and placebo.

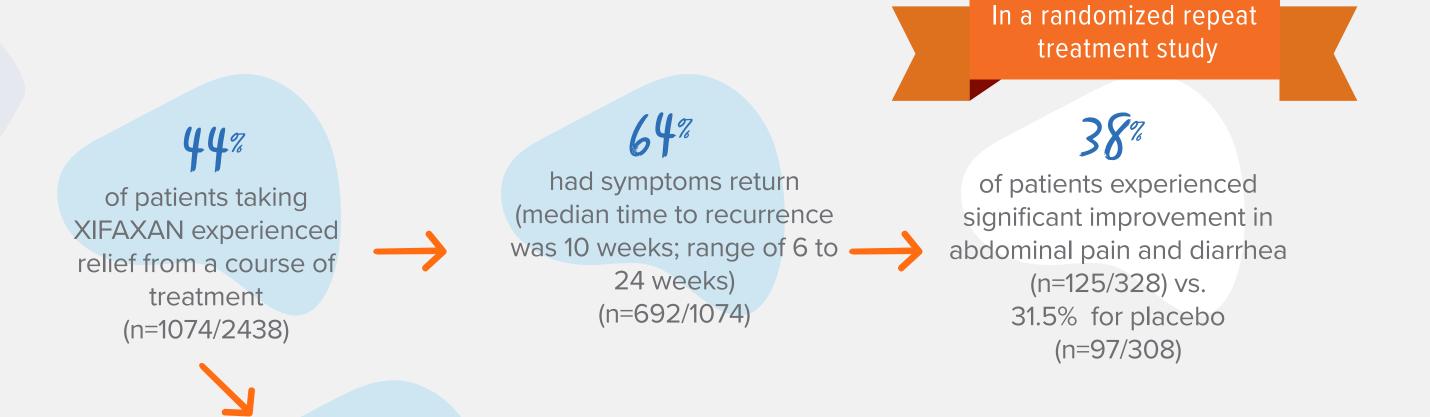
IMPORTANT SAFETY INFORMATION (continued)

- In clinical studies, the most common side effects of XIFAXAN in IBS-D were nausea (feeling sick to your stomach) and an increase in liver enzymes.
- · XIFAXAN may affect warfarin activity when taken together. Tell your healthcare provider if you are taking warfarin because the dose of warfarin may need to be adjusted to maintain proper blood-thinning effect.

XIFAXAN re-treatment study measures safety and effectiveness for re-treated patients if symptoms return

Symptoms may return after your initial XIFAXAN treatment. This does not mean that the treatment failed you.

Talk to your HCP if symptoms come back. You can be re-treated up to 2 times if symptoms return.



*36% of open-label responders did not experience relapse (when symptoms return) during the 18-week observation phase before being withdrawn from the trial for any reason.

Target 3 study design

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 (when symptoms return).

A responder was defined as a patient experiencing a \geq 30% improvement from baseline in the weekly average abdominal pain score (based on daily self-reports) and a \geq 50% reduction in the number of days in a week with a daily stool consistency of Bristol Stool Form Scale type 6 or 7 (mushy or watery) for \geq 2 of the 4 weeks after treatment.

Recurrence (when symptoms return) was defined as the return of abdominal pain or lack of stool consistency for 3 weeks of a rolling 4-week period.

Primary endpoint: The proportion of patients who were responders to repeat treatment in both IBS-D related abdominal pain and stool consistency during the 4 weeks following the first repeat treatment course.

IMPORTANT SAFETY INFORMATION (continued)

36%

had no symptoms

return within

6 months*

(n=382/1074)

· If you are pregnant, planning to become pregnant, or nursing, talk to your healthcare provider before taking XIFAXAN because XIFAXAN may cause harm to an unborn baby or nursing infant.

HCP Appointment Checklist

Follow the checklist **during your appointment** to make sure you have all of the information you need to get started on XIFAXAN.



If your insurance requires a Prior Authorization form, ask your HCP to fill it out beforehand rather than waiting for the pharmacy to initiate it.

Highlight all symptoms to your HCP, not only the most bothersome ones. If you are diagnosed with IBS-D, ask your HCP to include the correct ICD-10 code on your prescription (K58.0).





Ask your HCP to include any previous medications you have taken for IBS-D in the notes section of the prescription.

PRESCRIPTION PICK-UP CHECKLIST

Once your healthcare provider has prescribed XIFAXAN to treat your IBS-D, take a look at the prescription pick-up checklist.



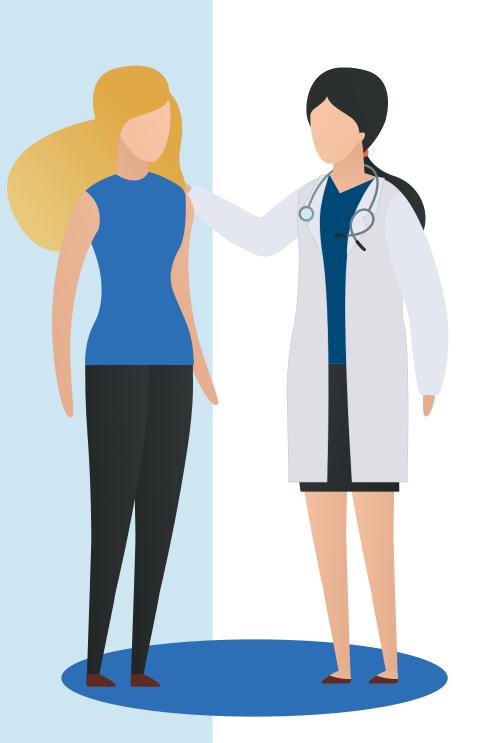
If eligible, activate and bring the copay card to your pharmacy.



Double-check that your XIFAXAN prescription for IBS-D is written as indicated: XIFAXAN (rifaximin) 550 mg tablets taken 3 times a day for 2 weeks (42 tablets total).



Make sure your prescription has been sent to the pharmacy of your choice and the necessary paperwork has been completed.





XIFAXAN has the best insurance coverage of any medication approved for adults with IBS-D.

With the XIFAXAN Savings Card, most eligible patients* with commercial insurance and coverage for XIFAXAN may pay as little as \$0 for their XIFAXAN prescription.

98% of commercially insured patients and 96% of Medicare patients have coverage for XIFAXAN.

*Patient is not eligible if he/she participates in, seeks reimbursement or submits a claim for reimbursement to any federal or state healthcare program with prescription drug coverage, such as Medicaid, Medicare, Medigap, VA, DOD, TRICARE, or any similar federal or state healthcare program (each a Government Program), or where prohibited by law. Patient must be enrolled in, and must seek reimbursement from or submit a claim for reimbursement to, a commercial insurance plan. Offer excludes full-cash-paying patients. Maximum benefits and other restrictions apply. Visit https://xifaxan.copaysavingsprogram.com or call 1-866-XIFAXAN for full eligibility criteria, terms, and conditions.

TAKING XIFAXAN

[†]Patients who experience recurrence can be retreated up to 2 times.



XIFAXAN is a short-term treatment that you take 3 times a day for 2 weeks.[‡]



Follow your HCP's instructions exactly when taking XIFAXAN.



XIFAXAN tablets can be taken with or without food.

