Xifaxan®
rifaximin 550 mg tablets

Counseling patients on the risks of OHE

30% to 40% of patients with cirrhosis will eventually develop overt hepatic encephalopathy (OHE).[1]

Is it time to have the conversation with your patients?

INDICATION

XIFAXAN® (rifaximin) 550 mg tablets are indicated for the reduction in risk of overt hepatic encephalopathy (HE) recurrence in adults.

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.

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Introduction

One of the most difficult parts about screening for overt hepatic encephalopathy (OHE) is starting the conversation. This counseling tool is designed to help guide and support your conversations with your patients early on, so that you can identify and diagnose OHE as soon as possible.

Start the conversation about the risks of OHE

ACKNOWLEDGE

"You may not be feeling anything from your chronic liver disease/cirrhosis, but it's important that you keep a lookout for certain signs and symptoms that could indicate that it's progressing and causing problems in other parts of your body."

INTRODUCE

"One problem it may cause is called overt hepatic encephalopathy, or OHE. This is when it progresses to the point of affecting your brain and starts to impact how you think, feel, and behave."[1]

REASSURE

"OHE can be managed, but it's important that you let me know of any new symptoms you experience as soon as possible."

Look for this icon for patient-friendly language you can use in conversation with your patients and their caregivers.

HE is a complication of cirrhosis that impacts the brain[1-5]

HE is sometimes referred to as "liver confusion" with patients[6]

It may be helpful to go through what HE is and how it can progress with your patient before moving on to screening and identifying any symptoms.

Cirrhosis makes it difficult for the liver to filter toxins

The toxins that the liver is unable to filter build up in the blood and reach the brain

The brain is affected by unfiltered toxins, causing physical and mental symptoms

"Since your liver is less able to filter toxins, the toxins can build up in the blood and begin to affect the brain. This causes both mental and physical symptoms, such as confusion, memory loss, disorientation, and tremors."

Be sure to review symptoms that point to liver disease progression and require follow-up[1,3]

- Any sudden bleeding
- Excessive bloating or fluid retention
- Yellowing of the skin or eyes
- Signs of confusion, disorientation, or physical changes like tremors

"HE in patients with chronic liver disease and cirrhosis can progress and cause worse symptoms over time, including mental and physical decline and hospitalization. That's why it's important to let me know of any new symptoms right away—don't wait."

Managing overt hepatic encephalopathy (OHE) starts with timely identification

It's important to routinely assess your patients with chronic liver disease and cirrhosis for signs and symptoms of OHE.

Diagnosing OHE involves 3 key components[1]

1. Taking a complete **patient history**.
2. Checking for **physical and mental signs** of OHE.
3. **Engaging with patients and caregivers** about monitoring for symptoms.

Taking a complete patient history is critical in assessing the risk of developing OHE. Certain procedures, diagnoses, and changes in healthcare management can put patients at higher risk.

Consider using the prompts below when discussing patient history.

ASK: Any history of the following risk factors?[1,7-9]

- "Have you had any **recent infections**, or **procedures requiring hospitalization** (eg, banding or TIPS procedures, bariatric surgery)?"
- "Have you been diagnosed with **high blood pressure in your liver veins (portal hypertension), swollen veins (varices), swelling in the abdomen, or GI bleeds**?"
- "**Do you take or have you changed any medications** (eg, diuretics, beta blockers, opioids)?"

"After looking through your medical history, there are a few things that could increase your risk of having OHE. Now, let's talk about symptoms."

ASK: Any mental, behavioral, or physical changes?[1,10]

- "Have you experienced, or has your caregiver reported, **episodes of confusion, disorientation, lack of awareness, euphoria or anxiety, short attention span, or excessive sleepiness**?"
- "Are you hearing from your family or friends that sometimes **your behavior is out of character**?"
- "Have you noticed any physical changes recently, such as **trouble with small hand movements, hand tremors, or changes in how your breath smells**?"

The West Haven criteria can help you appropriately grade your patient's HE symptoms[1]

HE classification using the West Haven criteria

	GRADE 1	GRADE 2	GRADE 3
MENTAL	• Lack of awareness • Euphoria or anxiety • Short attention span • Inability to add or subtract	• Lethargy/apathy • No sense of time • Personality change • Inappropriate behavior	• Somnolence to semistupor • Confusion • Disorientation • Bizarre behavior
PHYSICAL	• Altered sleep	• Dyspraxia • Asterixis	• Responsiveness to stimuli

Engage caregivers in the conversation to ensure all symptoms are being reported.

"Based on your underlying condition and symptoms, I believe you have OHE. Now let's talk about our plan for managing it and reducing your risk of having episodes in the future."

Check in with patients who have already been diagnosed with OHE

- "Have you noticed anything new since your last visit?"
- "Have any of your symptoms changed or gotten worse?"

Provide a plan for treatment and management

XIFAXAN is the only FDA-approved agent for the reduction in risk of overt hepatic encephalopathy (OHE) recurrence in adults[11]

Take one 550 mg tablet, **twice daily by mouth**

XIFAXAN can be taken **with or without food**

XIFAXAN should be taken **as long as the patient is still at risk of recurrent OHE**

"I'm going to prescribe XIFAXAN, which is an antibiotic that does not affect the entire body but slows bacteria growth in the gut. These bacteria are believed to be linked to symptoms of OHE. It's very important that you take it every day."

Emphasizing adherence and making a plan together

Medication adherence can be a struggle in any disease, so addressing it candidly and coming up with a plan together may help.

- "**Treatment works best when you take it on time every day** as prescribed. **Can you think of any obstacles** that may prevent you from taking your tablets?"
- "Let's talk about your daily morning and evening routine and **think of a 'cue' that will remind you to take your medicine**, such as brushing your teeth or letting the dog out."

IMPORTANT SAFETY INFORMATION *(continued)*

- 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.

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Lifestyle considerations for people with OHE

Getting adequate protein in the diet[1]

Nutritious, high-protein diets may help keep HE from worsening. Ideal daily protein intake should be 1.2 g/kg to 1.5 g/kg per day. For someone weighing 150 lbs (68 kg), that means getting around 82 g to 102 g of protein per day.

Tracking symptoms with caregivers

Since HE can cause confusion and lack of awareness, it can be difficult for the patient to recognize symptoms as they are happening. **Ask patients to enlist caregivers to help monitor for any new symptoms.**

Driving may be risky[1]

Counsel patients on the **possible dangerous consequences of driving** and ask if a caregiver can help them with errands and getting them to appointments.

ASK: Any concerns about your diet or care right now?

- "Do any obstacles come to mind about **getting enough protein**?"
- "Do you have **anyone you trust who can help in tracking changes** in your moods, behavior, or physical symptoms?"

IMPORTANT SAFETY INFORMATION *(continued)*

- In clinical studies, the most common adverse reactions for XIFAXAN (alone or in combination with lactulose) were:
  - HE (≥10%): Peripheral edema (17%), constipation (16%), nausea (15%), fatigue (14%), insomnia (14%), ascites (13%), dizziness (13%), urinary tract infection (12%), anemia (10%), and pruritus (10%)

References: 1. Vilstrup H, Amodio P, Bajaj J, et al. Hepatic encephalopathy in chronic liver disease: 2014 practice guideline by the American Association for the Study of Liver Diseases and the European Association for the Study of the Liver. *Hepatology*. 2014;60(2):715-735. doi:10.1002/hep.27210 **2.** Vince AJ, Burridge SM. Ammonia production by intestinal bacteria: the effects of lactose, lactulose and glucose. *J Med Microbiol*. 1980;13(2):177-191. doi:10.1099/00222615-13-2-177 **3.** Khan A, Ayub M, Khan WM. Hyperammonemia is associated with increasing severity of both liver cirrhosis and hepatic encephalopathy. *Int J Hepatol*. 2016;2016:6741754. doi:10.1155/2016/6741754 **4.** Bajaj JS, Schubert CM, Heuman DM, et al. Persistence of cognitive impairment after resolution of overt hepatic encephalopathy. *Gastroenterology*. 2010;138(7):2332-2340. doi:10.1053/j.gastro.2010.02.015 **5.** Kaplan DE, Ripoll C, Thiele M, et al. AASLD Practice Guidance on risk stratification and management of portal hypertension and varices in cirrhosis. *Hepatology*. 2024;79(5):1180-1211. doi:10.1097/HEP.0000000000000647 **6.** Medicines for chronic liver disease. University of Washington Medical Center. Published July 2013. Accessed December 11, 2025. https://healthonline.washington.edu/sites/default/files/record_pdfs/Medicines-Chronic-Liver-Disease.pdf **7.** Garcia-Tsao G, Abraldes JG, Berzigotti A, Bosch J. Portal hypertensive bleeding in cirrhosis: risk stratification, diagnosis, and management: 2016 practice guidance by the American Association for the Study of Liver Diseases. *Hepatology*. 2017;65(1):310-335. doi:10.1002/hep.28906 **8.** Chalasani N, Younossi Z, Lavine JE, et al. The diagnosis and management of nonalcoholic fatty liver disease: practice guidance from the American Association for the Study of Liver Diseases. *Hepatology*. 2018;67(1):328-357. doi:10.1002/hep.29367 **9.** Data on file. IQVIA AI 2022. Salix Pharmaceuticals, Bridgewater, NJ. **10.** MedlinePlus. Loss of brain function - liver disease. Updated August 14, 2015. Accessed November 24, 2025. https://medlineplus.gov/ency/article/000302.htm **11.** XIFAXAN. Prescribing information. Salix Pharmaceuticals; 2023. Accessed November 19, 2025. https://shared.salix.com/globalassets/pi/xifaxan550-pi.pdf

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When counseling patients about overt hepatic encephalopathy (OHE), remember:

Risks and impact of OHE

30% to 40% of patients with cirrhosis will develop OHE, and screening for symptoms is a critical component of guidelines-based care.[1,7]

Recognize symptoms of OHE in your patient

Take a complete patient history and **routinely ask** about any new mental, behavioral, or physical symptoms that the patient or caregiver has noticed.

Review what OHE is with your patient

Helping patients to **understand the disease and its risks** may motivate them to be vigilant about any new symptoms.

Reduce the risk of recurrence

XIFAXAN is the **only treatment FDA approved** to reduce the risk of OHE recurrence. It has also been proven to reduce the risk of HE-related hospitalizations.[11]

IMPORTANT SAFETY INFORMATION *(continued)*

- 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.

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