Meet Julia

62 years old

Xifaxan® rifaximin 550 mg tablets

PATIENT PROFILE SERIES

A Clinical Look at XIFAXAN to Reduce the Risk of Overt Hepatic Encephalopathy (HE) Recurrence and HE-Related Hospitalization[1]

AASLD GUIDELINES GRADE I,A,1

XIFAXAN earned AASLD/EASL's highest possible recommendation (GRADE I, A, 1) as an add-on therapy to lactulose to reduce the risk of overt HE recurrence after a patient has a recurrence while on lactulose alone.[2,*]

AASLD, American Association for the Study of Liver Diseases; EASL, European Association for the Study of the Liver.

*Per the GRADE System for Evidence: Grade I=randomized, controlled trials; A=evidence is "high quality" and further research is very unlikely to change our confidence in the estimated effect; and 1=recommendation is "strong" with factors influencing strength of recommendation including the quality of evidence, presumed patient-important outcomes, and costs.[2]

Reason for Visit

- Routine visit with her gastroenterologist (occurs every 3-6 months) to monitor for progression of cirrhosis and potential related complications.

Presentation

- Julia is having trouble sleeping at night and is excessively sleepy during the day.
- Her husband noted that she has seemed irritable, confused, disoriented, and combative over the past couple of weeks.

Medical History

- Hypertension (currently controlled 115/80 mm Hg)
- Cirrhosis caused by hepatitis C virus (hepatitis C virus has been treated and cleared)

Current Medications

- Amlodipine 5 mg once daily

Diagnosis

Stage II Overt HE[2]

- Cognitive dysfunction and inability to provide the correct day of the week, month, and year were noted during screening.
- Slowness of speech and asterixis were present upon physical examination.
- Signs and symptoms suggest overt HE, as other causative factors of cognitive dysfunction and disorientation were ruled out.

Treatment

- Lactulose 25 mL every 1-2 hours until at least 2 soft bowel movements per day are produced. Then, titrate dose to maintain 2 or 3 bowel movements per day to reduce the risk of recurrence.[2]

Follow-up

- Julia presented 6 months later with similar signs and symptoms and was treated for another overt HE episode.
- **XIFAXAN 550 mg twice daily was added to lactulose once symptoms resolved to reduce the risk of overt HE recurrence and HE-related hospitalizations.[1,2]**

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.

Please see additional Important Safety Information on back and accompanying full Prescribing Information.

Xifaxan® rifaximin 550 mg tablets

Spectrum of HE Signs and Symptoms to Assess for During Examination

Minimal	Stage 1	Stage 2	Stage 3	Stage 4
• No outward signs; deficits in psychometric or neuro-psychological tests	• Lack of awareness • Euphoria or anxiety • Short attention span • Can't add or subtract • Altered sleep	• Lethargy/apathy • No track of time • Personality change • Inappropriate behavior • Dyspraxia • Asterixis	• Somnolence to semi-stupor • Responsive to stimuli • Confused • Disoriented • Bizarre behavior	• Coma
		Overt (clinically apparent) HE[2]		

INDICATION

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

IMPORTANT SAFETY INFORMATION (continued)

- *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 a clinical study, the most common adverse reactions for XIFAXAN in HE (≥10%) were peripheral edema (15%), nausea (14%), dizziness (13%), fatigue (12%), and ascites (11%).
- 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.

Please see additional Important Safety Information on front and accompanying full Prescribing Information.

References: 1. XIFAXAN (rifaximin) tablets [package insert]. Bridgewater, NJ: Salix Pharmaceuticals. **2.** Vilstrup H et al. *Hepatology.* 2014;60(2):715-735.

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