

PATIENT INFORMATION FORM



Please fax completed Form to: 800-387-5807

**Phone: 1-866-XIFAXAN
1-866-943-2926
www.Xifaxan550helpline.com**

Last Name	First	M.I.	Male/Female	Social Security Number	Date of Birth
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Street Address	City	State	Zip Code	Home Telephone
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Primary Insurance

Company Name

Telephone

Policy ID

Copy of insurance card attached

Please notify me (the patient) of research results

I authorize the Reimbursement Helpline to have access to all medical and insurance coverage information and records which pertain to the patient listed on this form, necessary to verify and/or obtain insurance coverage for Xifaxan550. I further understand that all information and documentation will be held in strict confidence by the Reimbursement Helpline and will not be shared with any third party except in summary format, after verification of coverage.

Patient Signature	Date
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Patient Medical Information

Primary diagnosis:	ICD-9 code (required):
Previous treatment(s):	
Xifaxan550 Regimen Prescribed (required):	

Physician Information

Practice Name:	Tax ID #:
Address: <small>(Street Address, City, State and Zip)</small>	Fax #:

Physician Signature	Date
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By signing above, I hereby certify that the patient named on this form has a signature on file authorizing the release of all medical and insurance coverage information and records to the Reimbursement Helpline for purposes of verifying and/or obtaining insurance coverage for Xifaxan550. The patient's signature will be maintained and available for audit purposes as required by all applicable state and federal privacy laws.

Physician Name (Please Print)	Office Contact	Telephone #
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Please see Important Safety Information on next page.

Please see accompanying full Prescribing Information for Xifaxan550.

Important Safety Information

XIFAXAN 550 mg is indicated for reduction in risk of overt hepatic encephalopathy (HE) recurrence in patients ≥ 18 years of age. In the trials of XIFAXAN for HE, 91% of the patients were using lactulose concomitantly. XIFAXAN has not been studied in patients with MELD scores >25 , and only 8.6% of patients in the controlled trial had MELD scores over 19. There is increased systemic exposure in patients with more severe hepatic dysfunction. Therefore, caution should be exercised when administering XIFAXAN to patients with severe hepatic impairment (Child-Pugh C).

XIFAXAN is contraindicated in patients with a hypersensitivity to rifaximin, any of the 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. Treatment with antibacterial agents alters the normal flora of the colon which may lead to overgrowth of *C. difficile*. If CDAD is suspected or confirmed, ongoing antibiotic use not directed against *C. difficile* may need to be discontinued.

The most common adverse reactions occurring in $>8\%$ of patients in the clinical study were edema peripheral (15%), nausea (14%), dizziness (13%), fatigue (12%), ascites (11%), muscle spasms (9%), pruritus (9%), and abdominal pain (9%).

Xifaxan550 is not available for sale outside the U.S.

Xifaxan550 is licensed by Alfa Wassermann S.p.A. to Salix Pharmaceuticals, Inc.

Please see accompanying full Prescribing Information for Xifaxan550.