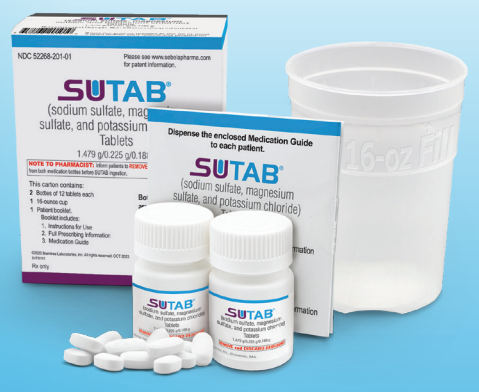
OFFER PATIENTS

A CHOICE IN BOWEL PREPARATION

SUTAB®
(sodium sulfate, magnesium sulfate, and potassium chloride) Tablets
1.479 g/0.225 g/0.188 g

THE TABLET CHOICE

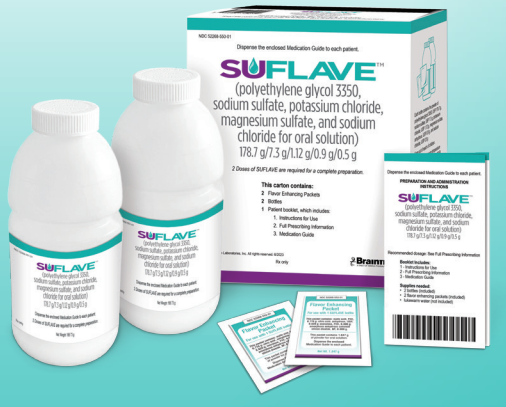


Tablets and packaging not shown actual size.

SEE FULL PRESCRIBING INFORMATION AND MEDICATION GUIDE FOR SUTAB AT **SUTAB.COM**

SUFLAVE™
(polyethylene glycol 3350, sodium sulfate, potassium chloride, magnesium sulfate, and sodium chloride for oral solution)
178.7 g/7.3 g/1.12 g/0.9 g/0.5 g

THE FLAVOR CHOICE



Packaging not shown actual size.

SEE FULL PRESCRIBING INFORMATION AND MEDICATION GUIDE FOR SUFLAVE AT **SUFLAVE.COM**

Please see Brief Summary of Prescribing Information for SUTAB and SUFLAVE on following pages.

BRIEF SUMMARY: Before prescribing, please see Full Prescribing Information and Medication Guide for SUTAB® (sodium sulfate, magnesium sulfate, potassium chloride) tablets for oral use. **INDICATIONS AND USAGE:** An osmotic laxative indicated for cleansing of the colon in preparation for colonoscopy in adults. **DOSAGE AND ADMINISTRATION: Split Dose (2-Day) Regimen: Day 1,** Dose 1 – On the Evening Prior to Colonoscopy: A low residue breakfast may be consumed. After breakfast, only clear liquids may be consumed until after the colonoscopy. Early in the evening prior to colonoscopy, open one bottle of 12 tablets. **Remove and discard the desiccant.** Remove and discard the desiccant from the second bottle and close the bottle. Use the second bottle for the second dose on the morning of the colonoscopy. Fill the provided container with 16 ounces of water (up to the fill line). Swallow each tablet with a sip of water and drink the entire amount over 15 to 20 minutes. Approximately one hour after the last tablet is ingested, fill the provided container a second time with 16 ounces of water (up to the fill line) and drink the entire amount over 30 minutes. Approximately 30 minutes after finishing the second container of water, fill the provided container with 16 ounces of water (up to the fill line) and drink the entire amount over 30 minutes. Day 2, Dose 2 – The Morning of the Colonoscopy: (5 to 8 hours prior to the colonoscopy and no sooner than 4 hours from starting Dose 1). Continue to consume only clear liquids until after the colonoscopy. The morning of colonoscopy, open the second bottle of 12 tablets. Fill the provided container with 16 ounces of water (up to the fill line). Swallow each tablet with a sip of water and drink the entire amount over 15 to 20 minutes. Approximately one hour after the last tablet is ingested, fill the provided container a second time with 16 ounces of water (up to the fill line) and drink the entire amount over 30 minutes. Approximately 30 minutes after finishing the second container of water, fill the provided container with 16 ounces of water (up to the fill line) and drink the entire amount over 30 minutes. If patients experience preparation-related symptoms (e.g., nausea, bloating, cramping), pause or slow the rate of drinking the additional water until symptoms diminish. Complete all SUTAB tablets and required water at least 2 hours before colonoscopy. **CONTRAINDICATIONS:** Use is contraindicated in the following conditions: gastrointestinal obstruction or ileus, bowel perforation, toxic colitis or toxic megacolon, gastric retention, hypersensitivity to any ingredient in SUTAB. **WARNINGS AND PRECAUTIONS:** Serious Fluid and Electrolyte Abnormalities: Advise all patients to hydrate adequately before, during, and after the use of SUTAB. If a patient develops significant vomiting or signs of dehydration after taking SUTAB, consider performing post-colonoscopy lab tests (electrolytes, creatinine, and BUN). Fluid and electrolyte disturbances can lead to serious adverse events including cardiac arrhythmias, seizures and renal impairment. Correct fluid and electrolyte abnormalities before treatment with SUTAB. Use SUTAB with caution in patients with conditions, or who are using medications, that increase the risk for fluid and electrolyte disturbances or may increase the risk of adverse events of seizure, arrhythmias, and renal impairment; Cardiac arrhythmias: Use caution when prescribing SUTAB for patients at increased risk of arrhythmias (e.g., patients with a history of prolonged QT, uncontrolled arrhythmias, recent myocardial infarction, unstable angina, congestive heart failure, or cardiomyopathy). Consider pre-dose and post-colonoscopy ECGs in patients at increased risk of serious cardiac arrhythmias; Seizures: Use caution when prescribing SUTAB for patients with a history of seizures and in patients at increased risk of seizure, such as patients taking medications that lower the seizure threshold (e.g., tricyclic antidepressants), patients withdrawing from alcohol or benzodiazepines, or patients with known or suspected hyponatremia; Use in Patients with Risk of Renal Injury: Use SUTAB with caution in patients with impaired renal function or patients taking concomitant medications that may affect renal function (such as diuretics, angiotensin converting enzyme inhibitors, angiotensin receptor blockers, or non-steroidal anti-inflammatory drugs). These patients may be at risk for renal injury. Advise these patients of the importance of adequate hydration with SUTAB and consider performing baseline and post-colonoscopy laboratory tests (electrolytes, creatinine, and BUN) in these patients; Colonic Mucosal Ulcerations and Ischemic Colitis: Osmotic laxative products may produce colonic mucosal aphthous ulcerations, and there have been reports of more serious cases of ischemic colitis requiring hospitalization. Concurrent use of stimulant laxatives and SUTAB may increase these risks. Consider the potential for mucosal ulcerations resulting from the bowel preparation when interpreting colonoscopy findings in patients with known or suspect inflammatory bowel disease (IBD); Use in Patients with Significant Gastrointestinal Disease: If gastrointestinal obstruction or perforation is suspected, perform appropriate diagnostic studies to rule out these conditions before administering SUTAB. Use with caution in patients with severe active ulcerative colitis. Hypersensitivity Reactions: Serious hypersensitivity reactions, including anaphylaxis, angioedema, dyspnea, rash, pruritis and urticaria have been reported with SUTAB. Inform patients of the signs and symptoms of anaphylaxis and instruct them to seek immediate medical care should signs and symptoms occur. Risk of Gastrointestinal Complications with Ingestion of Desiccant: Postmarketing reports of ingestion of the desiccant along with SUTAB tablets has been reported and may be associated with risk of gastrointestinal complications and/or choking. **ADVERSE REACTIONS:** Most common gastrointestinal adverse reactions are: nausea, abdominal distension, vomiting and upper abdominal pain. Postmarketing Experience: Gastrointestinal: gastric ulceration, gastritis; Hypersensitivity: anaphylaxis, angioedema, dyspnea, rash, pruritus, urticaria. **POTENTIAL FOR DRUG ABSORPTION:** SUTAB can reduce the absorption of other co-administered drugs. Administer oral medications at least one hour before starting each dose of SUTAB. Administer tetracycline and fluoroquinolone antibiotics, iron, digoxin, chlorpromazine, and penicillamine at least 2 hours before and not less than 6 hours after administration of each dose of SUTAB to avoid chelation with magnesium. **Pregnancy:** There are no available data on SUTAB use in pregnant women to evaluate for a drug-associated risk of major birth defects, miscarriage, or adverse maternal or fetal outcomes. No reproduction or developmental studies in animals have been conducted with sodium sulfate, magnesium sulfate, and potassium chloride (SUTAB). **Lactation:** There are no available data on the presence of SUTAB in human or animal milk, the effects on the breastfed child, or the effects on milk production. **Pediatric Use:** Safety and effectiveness in pediatric patients has not been established. **Geriatric Use:** Of the 471 patients who received SUTAB in pivotal clinical trials, 150 (32%) were 65 years of age or older, and 25 (5%) were 75 years of age or older. No differences in safety or effectiveness of SUTAB were observed between geriatric patients and younger patients. Elderly patients are more likely to have decreased hepatic, renal or cardiac function and may be more susceptible to adverse reactions resulting from fluid and electrolyte abnormalities. **STORAGE:** Store at 20º to 25°C (68º to 77°F). Excursions permitted between 15º to 30°C (59º to 86°F). See USP controlled room temperature. Rx only. Manufactured by Braintree Laboratories, Inc. Braintree, MA 02185

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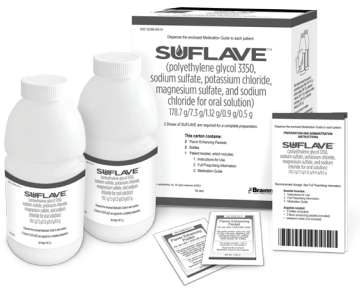
(sodium sulfate, magnesium sulfate, and potassium chloride)
Tablets
1.479 g/0.225 g/0.188 g

For additional information, please call 1-800-874-6756, or visit SUTAB.com

Braintree
A PART OF SEBELA PHARMACEUTICALS®

BRIEF SUMMARY: Before prescribing, please see Full Prescribing Information and Medication Guide for SUFLAVE™ (polyethylene glycol 3350, sodium sulfate, potassium chloride, magnesium sulfate, and sodium chloride for oral solution).

INDICATIONS AND USAGE: An osmotic laxative indicated for cleansing of the colon in preparation for colonoscopy in adults.



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DOSAGE AND ADMINISTRATION: Split Dose (2-Day) Recommended Dosage: Dose 1 – On the day prior to colonoscopy: A low residue breakfast may be consumed. After breakfast, only consume clear liquids until after the colonoscopy. Day 1, Dose 1 - Early in the Evening Prior to Colonoscopy: Open 1 flavor enhancing packet and pour the contents into one bottle. Fill the provided container (bottle) with lukewarm water up to the fill line. After capping the bottle, gently shake the bottle until all the powder has dissolved. For best taste, refrigerate the solution for an hour before drinking. Do not freeze. Use within 24 hours. Drink 8 ounces of solution every 15 minutes until the bottle is empty. Drink an additional 16 ounces of water during the evening. If nausea, bloating, or abdominal cramping occurs, pause or slow the rate of drinking the solution and additional water until symptoms diminish. Day 2, Dose 2 – The Morning of the Colonoscopy: (5 to 8 hours prior to the colonoscopy and no sooner than 4 hours from starting Dose 1): Continue to consume only clear liquids until after the colonoscopy. Repeat Step 1 to Step 3 from Day 1, Dose 1. Drink an additional 16 ounces of water during the morning. Stop drinking liquids at least 2 hours prior to colonoscopy. If nausea, bloating, or abdominal cramping occurs, pause or slow the rate of drinking the solution and additional water until symptoms diminish. **CONTRAINDICATIONS:** Use is contraindicated in the following conditions: gastrointestinal obstruction or ileus, bowel perforation, toxic colitis or toxic megacolon, gastric retention, hypersensitivity to any ingredient in SUFLAVE. **WARNINGS AND PRECAUTIONS:** Serious Fluid and Electrolyte Abnormalities: Advise all patients to hydrate adequately before, during, and after the use of SUFLAVE. If a patient develops significant vomiting or signs of dehydration after taking SUFLAVE, consider performing post-colonoscopy lab tests (electrolytes, creatinine, and BUN). Fluid and electrolyte disturbances can lead to serious adverse events including cardiac arrhythmias, seizures and renal impairment. Correct fluid and electrolyte abnormalities before treatment with SUFLAVE. Use SUFLAVE with caution in patients with conditions, or who are using medications, that increase the risk for fluid and electrolyte disturbances or may increase the risk of adverse events of seizure, arrhythmias, and renal impairment; Cardiac arrhythmias: Use caution when prescribing SUFLAVE for patients at increased risk of arrhythmias (e.g., patients with a history of prolonged QT, uncontrolled arrhythmias, recent myocardial infarction, unstable angina, congestive heart failure, or cardiomyopathy). Consider pre-dose and post-colonoscopy ECGs in patients at increased risk of serious cardiac arrhythmias; Seizures: Use caution when prescribing SUFLAVE for patients with a history of seizures and in patients at increased risk of seizure, such as patients taking medications that lower the seizure threshold (e.g., tricyclic antidepressants), patients withdrawing from alcohol or benzodiazepines, or patients with known or suspected hyponatremia; Use in Patients with Risk of Renal Injury: Use SUFLAVE with caution in patients with impaired renal function or patients taking concomitant medications that may affect renal function (such as diuretics, angiotensin converting enzyme inhibitors, angiotensin receptor blockers, or non-steroidal anti-inflammatory drugs). These patients may be at risk for renal injury. Advise these patients of the importance of adequate hydration with SUFLAVE and consider performing baseline and post-colonoscopy laboratory tests (electrolytes, creatinine, and BUN) in these patients; Colonic Mucosal Ulcerations and Ischemic Colitis: Osmotic laxative products may produce colonic mucosal aphthous ulcerations, and there have been reports of more serious cases of ischemic colitis requiring hospitalization. Concurrent use of stimulant laxatives and SUFLAVE may increase these risks. Consider the potential for mucosal ulcerations resulting from the bowel preparation when interpreting colonoscopy findings in patients with known or suspect inflammatory bowel disease; Use in Patients with Significant Gastrointestinal Disease: If gastrointestinal obstruction or perforation is suspected, perform appropriate diagnostic studies to rule out these conditions before administering SUFLAVE. Use with caution in patients with severe active ulcerative colitis. Aspiration: Patients with impaired gag reflex or other swallowing abnormalities are at risk for regurgitation or aspiration of SUFLAVE. Do not combine SUFLAVE with starch-based thickeners. Observe these patients during administration of SUFLAVE. Hypersensitivity reactions, including anaphylaxis: SUFLAVE contains polyethylene glycol (PEG) and other ingredients that may cause serious hypersensitivity reactions including anaphylaxis, angioedema, rash, urticaria, and pruritus. Inform patients of the signs and symptoms of anaphylaxis, and instruct them to seek immediate medical care should signs and symptoms occur. **ADVERSE REACTIONS:** Most common adverse reactions are: nausea, abdominal distension, vomiting, abdominal pain, and headache. **POTENTIAL FOR DRUG ABSORPTION:** SUFLAVE can reduce the absorption of other co-administered drugs. Administer oral medications at least one hour before starting each dose of SUFLAVE. Administer tetracycline and fluoroquinolone antibiotics, iron, digoxin, chlorpromazine, and penicillamine at least 2 hours before and not less than 6 hours after administration of each dose of SUFLAVE to avoid chelation with magnesium. **Pregnancy:** There are no available data on the use of SUFLAVE during pregnancy to evaluate for a drug-associated risk of major birth defects, miscarriage, or adverse maternal or fetal outcomes. Animal reproduction studies have not been conducted with polyethylene glycol 3350, sodium sulfate, potassium chloride, magnesium sulfate, and sodium chloride (SUFLAVE). **Lactation:** There are no available data on the presence of SUFLAVE in human or animal milk, the effects on the breastfed child, or the effects on milk production. **Pediatric Use:** Safety and effectiveness in pediatric patients have not been established. **Geriatric Use:** Of the 460 patients who received SUFLAVE in pivotal clinical trials, 125 (27%) were 65 years of age or older. No differences in effectiveness of SUFLAVE were observed between geriatric patients and younger adult patients. In geriatric patients, decreases in blood pressure on the day of colonoscopy were reported more frequently in SUFLAVE patients than with the active comparator in Study 1 (6% vs 0%) and Study 2 (3% vs 0%). Geriatric patients are more likely to have decreased hepatic, renal or cardiac function and may be more susceptible to adverse reactions resulting from fluid and electrolyte abnormalities. **STORAGE:** Store SUFLAVE at room temperature between 20°C to 25°C (68°F to 77°F). Excursions permitted from 15°C to 30°C (59°F to 86°F). See USP controlled room temperature. Rx only. Manufactured by Braintree Laboratories, Inc. Braintree, MA 02185

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 550-885-v1-A June 2024

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THE TABLET CHOICE

Tablets and packaging not shown actual size.

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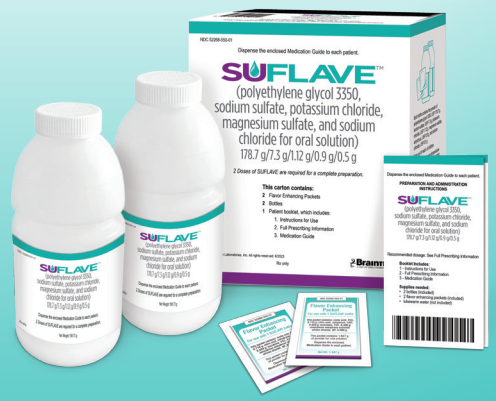

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Administer oral medications at least one hour before starting each dose of SUTAB. Administer tetracycline and fluoroquinolone antibiotics, iron, digoxin, chlorpromazine, and penicillamine at least 2 hours before and not less than 6 hours after administration of each dose of SUTAB to avoid chelation with magnesium. **Pregnancy:** There are no available data on SUTAB use in pregnant women to evaluate for a drug-associated risk of major birth defects, miscarriage, or adverse maternal or fetal outcomes. No reproduction or developmental studies in animals have been conducted with sodium sulfate, magnesium sulfate, and potassium chloride (SUTAB). **Lactation:** There are no available data on the presence of SUTAB in human or animal milk, the effects on the breastfed child, or the effects on milk production. **Pediatric Use:** Safety and effectiveness in pediatric patients has not been established. **Geriatric Use:** Of the 471 patients who received SUTAB in pivotal clinical trials, 150 (32%) were 65 years of age or older, and 25 (5%) were 75 years of age or older. No differences in safety or effectiveness of SUTAB were observed between geriatric patients and younger patients. Elderly patients are more likely to have decreased hepatic, renal or cardiac function and may be more susceptible to adverse reactions resulting from fluid and electrolyte abnormalities. **STORAGE:** Store at 20º to 25°C (68º to 77°F). Excursions permitted between 15º to 30°C (59º to 86°F). 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BRIEF SUMMARY: Before prescribing, please see Full Prescribing Information and Medication Guide for SUFLAVE™ (polyethylene glycol 3350, sodium sulfate, potassium chloride, magnesium sulfate, and sodium chloride for oral solution).

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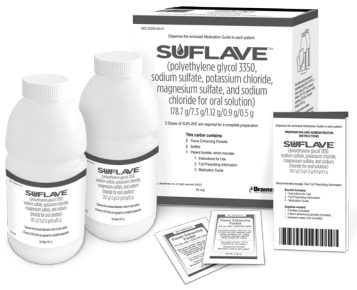

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DOSAGE AND ADMINISTRATION: Split Dose (2-Day) Recommended Dosage: Dose 1 – On the day prior to colonoscopy: A low residue breakfast may be consumed. After breakfast, only consume clear liquids until after the colonoscopy. Day 1, Dose 1 - Early in the Evening Prior to Colonoscopy: Open 1 flavor enhancing packet and pour the contents into one bottle. Fill the provided container (bottle) with lukewarm water up to the fill line. After capping the bottle, gently shake the bottle until all the powder has dissolved. For best taste, refrigerate the solution for an hour before drinking. Do not freeze. Use within 24 hours. Drink 8 ounces of solution every 15 minutes until the bottle is empty. Drink an additional 16 ounces of water during the evening. If nausea, bloating, or abdominal cramping occurs, pause or slow the rate of drinking the solution and additional water until symptoms diminish. 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Administer tetracycline and fluoroquinolone antibiotics, iron, digoxin, chlorpromazine, and penicillamine at least 2 hours before and not less than 6 hours after administration of each dose of SUFLAVE to avoid chelation with magnesium. **Pregnancy:** There are no available data on the use of SUFLAVE during pregnancy to evaluate for a drug-associated risk of major birth defects, miscarriage, or adverse maternal or fetal outcomes. Animal reproduction studies have not been conducted with polyethylene glycol 3350, sodium sulfate, potassium chloride, magnesium sulfate, and sodium chloride (SUFLAVE). **Lactation:** There are no available data on the presence of SUFLAVE in human or animal milk, the effects on the breastfed child, or the effects on milk production. **Pediatric Use:** Safety and effectiveness in pediatric patients have not been established. **Geriatric Use:** Of the 460 patients who received SUFLAVE in pivotal clinical trials, 125 (27%) were 65 years of age or older. 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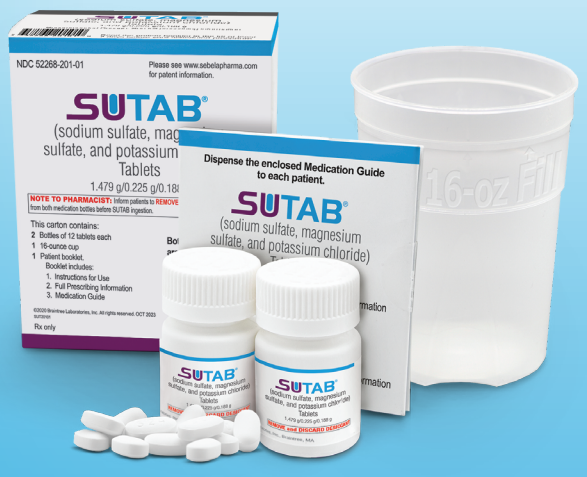
OFFER PATIENTS
A CHOICE
IN BOWEL PREPARATION

SUTAB®
(sodium sulfate, magnesium sulfate, and potassium chloride) Tablets
1.479 g/0.225 g/0.188 g

SUFLAVE™
(polyethylene glycol 3350, sodium sulfate, potassium chloride, magnesium sulfate, and sodium chloride for oral solution)
178.7 g/7.3 g/1.12 g/0.9 g/0.5 g

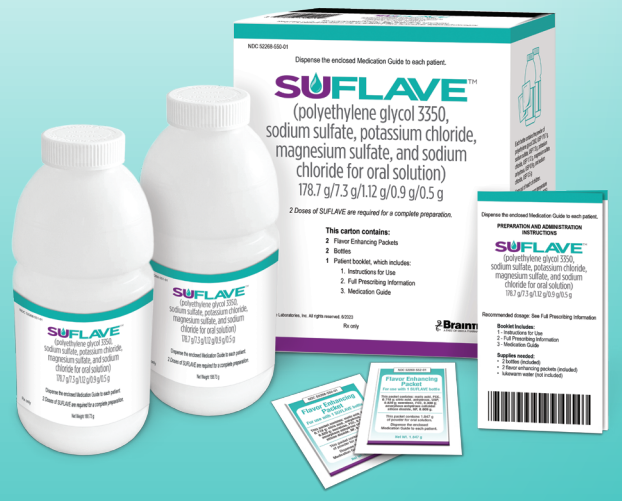
THE TABLET CHOICE



Tablets and packaging not shown actual size.

SEE FULL PRESCRIBING INFORMATION AND MEDICATION GUIDE FOR SUTAB AT **SUTAB.COM**

THE FLAVOR CHOICE



Packaging not shown actual size.

SEE FULL PRESCRIBING INFORMATION AND MEDICATION GUIDE FOR SUFLAVE AT **SUFLAVE.COM**

Please see Brief Summary of Prescribing Information for SUTAB and SUFLAVE on following pages.

Tablets and packaging not shown actual size.

BRIEF SUMMARY: Before prescribing, please see Full Prescribing Information and Medication Guide for SUTAB® (sodium sulfate, magnesium sulfate, potassium chloride) tablets for oral use. **INDICATIONS AND USAGE:** An osmotic laxative indicated for cleansing of the colon in preparation for colonoscopy in adults. **DOSAGE AND ADMINISTRATION: Split Dose (2-Day) Regimen: Day 1,** Dose 1 – On the Evening Prior to Colonoscopy: A low residue breakfast may be consumed. After breakfast, only clear liquids may be consumed until after the colonoscopy. Early in the evening prior to colonoscopy, open one bottle of 12 tablets. **Remove and discard the desiccant.** Remove and discard the desiccant from the second bottle and close the bottle. Use the second bottle for the second dose on the morning of the colonoscopy. Fill the provided container with 16 ounces of water (up to the fill line). Swallow each tablet with a sip of water and drink the entire amount over 15 to 20 minutes. Approximately one hour after the last tablet is ingested, fill the provided container a second time with 16 ounces of water (up to the fill line) and drink the entire amount over 30 minutes. Approximately 30 minutes after finishing the second container of water, fill the provided container with 16 ounces of water (up to the fill line) and drink the entire amount over 30 minutes. Day 2, Dose 2 – The Morning of the Colonoscopy: (5 to 8 hours prior to the colonoscopy and no sooner than 4 hours from starting Dose 1). Continue to consume only clear liquids until after the colonoscopy. The morning of colonoscopy, open the second bottle of 12 tablets. Fill the provided container with 16 ounces of water (up to the fill line). Swallow each tablet with a sip of water and drink the entire amount over 15 to 20 minutes. Approximately one hour after the last tablet is ingested, fill the provided container a second time with 16 ounces of water (up to the fill line) and drink the entire amount over 30 minutes. Approximately 30 minutes after finishing the second container of water, fill the provided container with 16 ounces of water (up to the fill line) and drink the entire amount over 30 minutes. If patients experience preparation-related symptoms (e.g., nausea, bloating, cramping), pause or slow the rate of drinking the additional water until symptoms diminish. Complete all SUTAB tablets and required water at least 2 hours before colonoscopy. **CONTRAINDICATIONS:** Use is contraindicated in the following conditions: gastrointestinal obstruction or ileus, bowel perforation, toxic colitis or toxic megacolon, gastric retention, hypersensitivity to any ingredient in SUTAB. **WARNINGS AND PRECAUTIONS:** Serious Fluid and Electrolyte Abnormalities: Advise all patients to hydrate adequately before, during, and after the use of SUTAB. If a patient develops significant vomiting or signs of dehydration after taking SUTAB, consider performing post-colonoscopy lab tests (electrolytes, creatinine, and BUN). Fluid and electrolyte disturbances can lead to serious adverse events including cardiac arrhythmias, seizures and renal impairment. Correct fluid and electrolyte abnormalities before treatment with SUTAB. Use SUTAB with caution in patients with conditions, or who are using medications, that increase the risk for fluid and electrolyte disturbances or may increase the risk of adverse events of seizure, arrhythmias, and renal impairment; Cardiac arrhythmias: Use caution when prescribing SUTAB for patients at increased risk of arrhythmias (e.g., patients with a history of prolonged QT, uncontrolled arrhythmias, recent myocardial infarction, unstable angina, congestive heart failure, or cardiomyopathy). Consider pre-dose and post-colonoscopy ECGs in patients at increased risk of serious cardiac arrhythmias; Seizures: Use caution when prescribing SUTAB for patients with a history of seizures and in patients at increased risk of seizure, such as patients taking medications that lower the seizure threshold (e.g., tricyclic antidepressants), patients withdrawing from alcohol or benzodiazepines, or patients with known or suspected hyponatremia; Use in Patients with Risk of Renal Injury: Use SUTAB with caution in patients with impaired renal function or patients taking concomitant medications that may affect renal function (such as diuretics, angiotensin converting enzyme inhibitors, angiotensin receptor blockers, or non-steroidal anti-inflammatory drugs). These patients may be at risk for renal injury. Advise these patients of the importance of adequate hydration with SUTAB and consider performing baseline and post-colonoscopy laboratory tests (electrolytes, creatinine, and BUN) in these patients; Colonic-Mucosal Ulcerations and Ischemic Colitis: Osmotic laxative products may produce colonic mucosal aphthous ulcerations, and there have been reports of more serious cases of ischemic colitis requiring hospitalization. Concurrent use of stimulant laxatives and SUTAB may increase these risks. Consider the potential for mucosal ulcerations resulting from the bowel preparation when interpreting colonoscopy findings in patients with known or suspect inflammatory bowel disease (IBD); Use in Patients with Significant Gastrointestinal Disease: If gastrointestinal obstruction or perforation is suspected, perform appropriate diagnostic studies to rule out these conditions before administering SUTAB. Use with caution in patients with severe active ulcerative colitis. Hypersensitivity Reactions: Serious hypersensitivity reactions, including anaphylaxis, angioedema, dyspnea, rash, pruritis and urticaria have been reported with SUTAB. Inform patients of the signs and symptoms of anaphylaxis and instruct them to seek immediate medical care should signs and symptoms occur. Risk of Gastrointestinal Complications with Ingestion of Desiccant: Postmarketing reports of ingestion of the desiccant along with SUTAB tablets has been reported and may be associated with risk of gastrointestinal complications and/or choking. **ADVERSE REACTIONS:** Most common gastrointestinal adverse reactions are: nausea, abdominal distension, vomiting and upper abdominal pain. Postmarketing Experience: Gastrointestinal: gastric ulceration, gastritis; Hypersensitivity: anaphylaxis, angioedema, dyspnea, rash, pruritus, urticaria. **POTENTIAL FOR DRUG ABSORPTION:** SUTAB can reduce the absorption of other co-administered drugs. Administer oral medications at least one hour before starting each dose of SUTAB. Administer tetracycline and fluoroquinolone antibiotics, iron, digoxin, chlorpromazine, and penicillamine at least 2 hours before and not less than 6 hours after administration of each dose of SUTAB to avoid chelation with magnesium. **Pregnancy:** There are no available data on SUTAB use in pregnant women to evaluate for a drug-associated risk of major birth defects, miscarriage, or adverse maternal or fetal outcomes. No reproduction or developmental studies in animals have been conducted with sodium sulfate, magnesium sulfate, and potassium chloride (SUTAB). **Lactation:** There are no available data on the presence of SUTAB in human or animal milk, the effects on the breastfed child, or the effects on milk production. **Pediatric Use:** Safety and effectiveness in pediatric patients has not been established. **Geriatric Use:** Of the 471 patients who received SUTAB in pivotal clinical trials, 150 (32%) were 65 years of age or older, and 25 (5%) were 75 years of age or older. No differences in safety or effectiveness of SUTAB were observed between geriatric patients and younger patients. Elderly patients are more likely to have decreased hepatic, renal or cardiac function and may be more susceptible to adverse reactions resulting from fluid and electrolyte abnormalities. **STORAGE:** Store at 20º to 25°C (68º to 77°F). Excursions permitted between 15º to 30°C (59º to 86°F). See USP controlled room temperature. Rx only. Manufactured by Braintree Laboratories, Inc. Braintree, MA 02185

See Full Prescribing Information and Medication Guide at SUTAB.com.

SUTAB®
(sodium sulfate, magnesium sulfate, and potassium chloride) Tablets
1.479 g/0.225 g/0.188 g

For additional information, please call 1-800-874-6756, or visit SUTAB.com

Braintree
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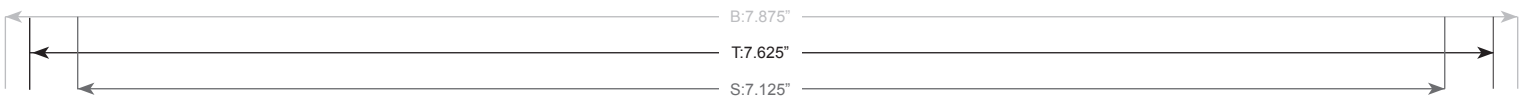

BRIEF SUMMARY: Before prescribing, please see Full Prescribing Information and Medication Guide for SUFLAVE™ (polyethylene glycol 3350, sodium sulfate, potassium chloride, magnesium sulfate, and sodium chloride for oral solution).

INDICATIONS AND USAGE: An osmotic laxative indicated for cleansing of the colon in preparation for colonoscopy in adults.

Packaging not shown actual size.

DOSAGE AND ADMINISTRATION: Split Dose (2-Day) Recommended Dosage: Dose 1 – On the day prior to colonoscopy: A low residue breakfast may be consumed. After breakfast, only consume clear liquids until after the colonoscopy. Day 1, Dose 1 - Early in the Evening Prior to Colonoscopy: Open 1 flavor enhancing packet and pour the contents into one bottle. Fill the provided container (bottle) with lukewarm water up to the fill line. After capping the bottle, gently shake the bottle until all the powder has dissolved. For best taste, refrigerate the solution for an hour before drinking. Do not freeze. Use within 24 hours. Drink 8 ounces of solution every 15 minutes until the bottle is empty. Drink an additional 16 ounces of water during the evening. If nausea, bloating, or abdominal cramping occurs, pause or slow the rate of drinking the solution and additional water until symptoms diminish. Day 2, Dose 2 – The Morning of the Colonoscopy: (5 to 8 hours prior to the colonoscopy and no sooner than 4 hours from starting Dose 1): Continue to consume only clear liquids until after the colonoscopy. Repeat Step 1 to Step 3 from Day 1, Dose 1. Drink an additional 16 ounces of water during the morning. Stop drinking liquids at least 2 hours prior to colonoscopy. If nausea, bloating, or abdominal cramping occurs, pause or slow the rate of drinking the solution and additional water until symptoms diminish. **CONTRAINDICATIONS:** Use is contraindicated in the following conditions: gastrointestinal obstruction or ileus, bowel perforation, toxic colitis or toxic megacolon, gastric retention, hypersensitivity to any ingredient in SUFLAVE. **WARNINGS AND PRECAUTIONS:** Serious Fluid and Electrolyte Abnormalities: Advise all patients to hydrate adequately before, during, and after the use of SUFLAVE. If a patient develops significant vomiting or signs of dehydration after taking SUFLAVE, consider performing post-colonoscopy lab tests (electrolytes, creatinine, and BUN). Fluid and electrolyte disturbances can lead to serious adverse events including cardiac arrhythmias, seizures and renal impairment. Correct fluid and electrolyte abnormalities before treatment with SUFLAVE. Use SUFLAVE with caution in patients with conditions, or who are using medications, that increase the risk for fluid and electrolyte disturbances or may increase the risk of adverse events of seizure, arrhythmias, and renal impairment; Cardiac arrhythmias: Use caution when prescribing SUFLAVE for patients at increased risk of arrhythmias (e.g., patients with a history of prolonged QT, uncontrolled arrhythmias, recent myocardial infarction, unstable angina, congestive heart failure, or cardiomyopathy). Consider pre-dose and post-colonoscopy ECGs in patients at increased risk of serious cardiac arrhythmias; Seizures: Use caution when prescribing SUFLAVE for patients with a history of seizures and in patients at increased risk of seizure, such as patients taking medications that lower the seizure threshold (e.g., tricyclic antidepressants), patients withdrawing from alcohol or benzodiazepines, or patients with known or suspected hyponatremia; Use in Patients with Risk of Renal Injury: Use SUFLAVE with caution in patients with impaired renal function or patients taking concomitant medications that may affect renal function (such as diuretics, angiotensin converting enzyme inhibitors, angiotensin receptor blockers, or non-steroidal anti-inflammatory drugs). These patients may be at risk for renal injury. Advise these patients of the importance of adequate hydration with SUFLAVE and consider performing baseline and post-colonoscopy laboratory tests (electrolytes, creatinine, and BUN) in these patients; Colonic Mucosal Ulcerations and Ischemic Colitis: Osmotic laxative products may produce colonic mucosal aphthous ulcerations, and there have been reports of more serious cases of ischemic colitis requiring hospitalization. Concurrent use of stimulant laxatives and SUFLAVE may increase these risks. Consider the potential for mucosal ulcerations resulting from the bowel preparation when interpreting colonoscopy findings in patients with known or suspect inflammatory bowel disease; Use in Patients with Significant Gastrointestinal Disease: If gastrointestinal obstruction or perforation is suspected, perform appropriate diagnostic studies to rule out these conditions before administering SUFLAVE. Use with caution in patients with severe active ulcerative colitis. Aspiration: Patients with impaired gag reflex or other swallowing abnormalities are at risk for regurgitation or aspiration of SUFLAVE. Do not combine SUFLAVE with starch-based thickeners. Observe these patients during administration of SUFLAVE. Hypersensitivity reactions, including anaphylaxis: SUFLAVE contains polyethylene glycol (PEG) and other ingredients that may cause serious hypersensitivity reactions including anaphylaxis, angioedema, rash, urticaria, and pruritus. Inform patients of the signs and symptoms of anaphylaxis, and instruct them to seek immediate medical care should signs and symptoms occur. **ADVERSE REACTIONS:** Most common adverse reactions are: nausea, abdominal distension, vomiting, abdominal pain, and headache. **POTENTIAL FOR DRUG ABSORPTION:** SUFLAVE can reduce the absorption of other co-administered drugs. Administer oral medications at least one hour before starting each dose of SUFLAVE. Administer tetracycline and fluoroquinolone antibiotics, iron, digoxin, chlorpromazine, and penicillamine at least 2 hours before and not less than 6 hours after administration of each dose of SUFLAVE to avoid chelation with magnesium. **Pregnancy:** There are no available data on the use of SUFLAVE during pregnancy to evaluate for a drug-associated risk of major birth defects, miscarriage, or adverse maternal or fetal outcomes. Animal reproduction studies have not been conducted with polyethylene glycol 3350, sodium sulfate, potassium chloride, magnesium sulfate, and sodium chloride (SUFLAVE). **Lactation:** There are no available data on the presence of SUFLAVE in human or animal milk, the effects on the breastfed child, or the effects on milk production. **Pediatric Use:** Safety and effectiveness in pediatric patients have not been established. **Geriatric Use:** Of the 460 patients who received SUFLAVE in pivotal clinical trials, 125 (27%) were 65 years of age or older. No differences in effectiveness of SUFLAVE were observed between geriatric patients and younger adult patients. In geriatric patients, decreases in blood pressure on the day of colonoscopy were reported more frequently in SUFLAVE patients than with the active comparator in Study 1 (6% vs 0%) and Study 2 (3% vs 0%). Geriatric patients are more likely to have decreased hepatic, renal or cardiac function and may be more susceptible to adverse reactions resulting from fluid and electrolyte abnormalities. **STORAGE:** Store SUFLAVE at room temperature between 20°C to 25°C (68°F to 77°F). Excursions permitted from 15°C to 30°C (59°F to 86°F). See USP controlled room temperature. Rx only. Manufactured by Braintree Laboratories, Inc. Braintree, MA 02185

See Full Prescribing Information and Medication Guide at SUFLAVE.com.

SUFLAVE™
(polyethylene glycol 3350, sodium sulfate, potassium chloride, magnesium sulfate, and sodium chloride for oral solution)
178.7 g/7.3 g/1.12 g/0.9 g/0.5 g

For additional information, please call 1-800-874-6756, or visit SUFLAVE.com

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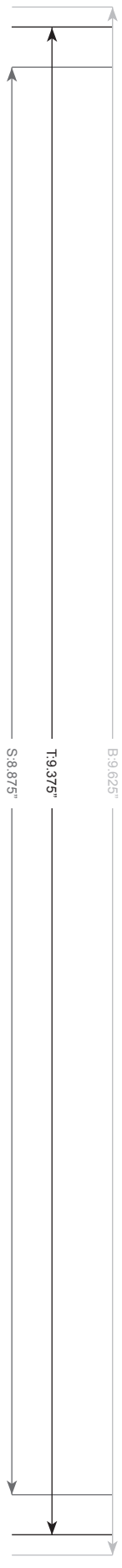
 550-885-v1-C June 2024



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(sodium sulfate, magnesium sulfate, and potassium chloride) Tablets
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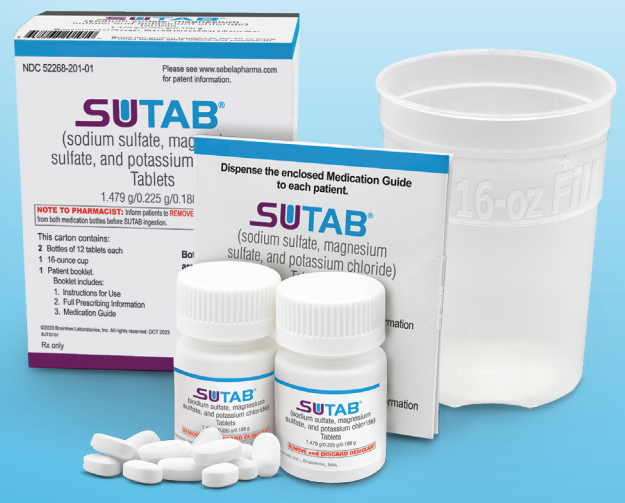
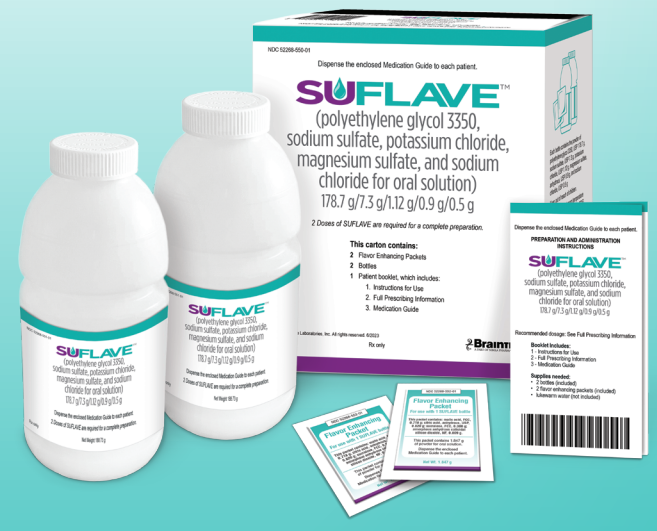
THE TABLET CHOICE



Tablets and packaging not shown actual size.

SEE FULL PRESCRIBING INFORMATION AND MEDICATION GUIDE FOR SUTAB AT **SUTAB.COM**

THE FLAVOR CHOICE



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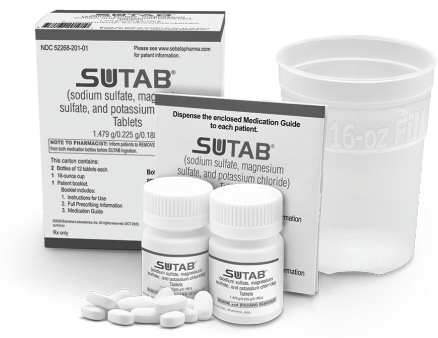
Please see Brief Summary of Prescribing Information for SUTAB and SUFLAVE on following pages.

BRIEF SUMMARY: Before prescribing, please see Full Prescribing Information and Medication Guide for SUTAB® (sodium sulfate, magnesium sulfate, potassium chloride) tablets for oral use.



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INDICATIONS AND USAGE: An osmotic laxative indicated for cleansing of the colon in preparation for colonoscopy in adults. **DOSAGE AND ADMINISTRATION: Split Dose (2-Day) Regimen: Day 1,** Dose 1 – On the Evening Prior to Colonoscopy: A low residue breakfast may be consumed. After breakfast, only clear liquids may be consumed until after the colonoscopy. Early in the evening prior to colonoscopy, open one bottle of 12 tablets. **Remove and discard the desiccant.** Remove and discard the desiccant from the second bottle and close the bottle. Use the second bottle for the second dose on the morning of the colonoscopy. Fill the provided container with 16 ounces of water (up to the fill line). Swallow each tablet with a sip of water and drink the entire amount over 15 to 20 minutes. Approximately one hour after the last tablet is ingested, fill the provided container a second time with 16 ounces of water (up to the fill line) and drink the entire amount over 30 minutes. Approximately 30 minutes after finishing the second container of water, fill the provided container with 16 ounces of water (up to the fill line) and drink the entire amount over 30 minutes. Day 2, Dose 2 – The Morning of the Colonoscopy: (5 to 8 hours prior to the colonoscopy and no sooner than 4 hours from starting Dose 1). Continue to consume only clear liquids until after the colonoscopy. The morning of colonoscopy, open the second bottle of 12 tablets. Fill the provided container with 16 ounces of water (up to the fill line). Swallow each tablet with a sip of water and drink the entire amount over 15 to 20 minutes. Approximately one hour after the last tablet is ingested, fill the provided container a second time with 16 ounces of water (up to the fill line) and drink the entire amount over 30 minutes. 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If a patient develops significant vomiting or signs of dehydration after taking SUTAB, consider performing post-colonoscopy lab tests (electrolytes, creatinine, and BUN). Fluid and electrolyte disturbances can lead to serious adverse events including cardiac arrhythmias, seizures and renal impairment. Correct fluid and electrolyte abnormalities before treatment with SUTAB. Use SUTAB with caution in patients with conditions, or who are using medications, that increase the risk for fluid and electrolyte disturbances or may increase the risk of adverse events of seizure, arrhythmias, and renal impairment; Cardiac arrhythmias: Use caution when prescribing SUTAB for patients at increased risk of arrhythmias (e.g., patients with a history of prolonged QT, uncontrolled arrhythmias, recent myocardial infarction, unstable angina, congestive heart failure, or cardiomyopathy). Consider pre-dose and post-colonoscopy ECGs in patients at increased risk of serious cardiac arrhythmias; Seizures: Use caution when prescribing SUTAB for patients with a history of seizures and in patients at increased risk of seizure, such as patients taking medications that lower the seizure threshold (e.g., tricyclic antidepressants), patients withdrawing from alcohol or benzodiazepines, or patients with known or suspected hyponatremia; Use in Patients with Risk of Renal Injury: Use SUTAB with caution in patients with impaired renal function or patients taking concomitant medications that may affect renal function (such as diuretics, angiotensin converting enzyme inhibitors, angiotensin receptor blockers, or non-steroidal anti-inflammatory drugs). These patients may be at risk for renal injury. 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Hypersensitivity Reactions: Serious hypersensitivity reactions, including anaphylaxis, angioedema, dyspnea, rash, pruritis and urticaria have been reported with SUTAB. Inform patients of the signs and symptoms of anaphylaxis and instruct them to seek immediate medical care should signs and symptoms occur. Risk of Gastrointestinal Complications with Ingestion of Desiccant: Postmarketing reports of ingestion of the desiccant along with SUTAB tablets has been reported and may be associated with risk of gastrointestinal complications and/or choking. **ADVERSE REACTIONS:** Most common gastrointestinal adverse reactions are: nausea, abdominal distension, vomiting and upper abdominal pain. Postmarketing Experience: Gastrointestinal: gastric ulceration, gastritis; Hypersensitivity: anaphylaxis, angioedema, dyspnea, rash, pruritus, urticaria. **POTENTIAL FOR DRUG ABSORPTION:** SUTAB can reduce the absorption of other co-administered drugs. Administer oral medications at least one hour before starting each dose of SUTAB. Administer tetracycline and fluoroquinolone antibiotics, iron, digoxin, chlorpromazine, and penicillamine at least 2 hours before and not less than 6 hours after administration of each dose of SUTAB to avoid chelation with magnesium. **Pregnancy:** There are no available data on SUTAB use in pregnant women to evaluate for a drug-associated risk of major birth defects, miscarriage, or adverse maternal or fetal outcomes. No reproduction or developmental studies in animals have been conducted with sodium sulfate, magnesium sulfate, and potassium chloride (SUTAB). **Lactation:** There are no available data on the presence of SUTAB in human or animal milk, the effects on the breastfed child, or the effects on milk production. **Pediatric Use:** Safety and effectiveness in pediatric patients has not been established. **Geriatric Use:** Of the 471 patients who received SUTAB in pivotal clinical trials, 150 (32%) were 65 years of age or older, and 25 (5%) were 75 years of age or older. No differences in safety or effectiveness of SUTAB were observed between geriatric patients and younger patients. Elderly patients are more likely to have decreased hepatic, renal or cardiac function and may be more susceptible to adverse reactions resulting from fluid and electrolyte abnormalities. **STORAGE:** Store at 20º to 25°C (68º to 77°F). Excursions permitted between 15º to 30°C (59º to 86°F). See USP controlled room temperature. Rx only. Manufactured by Braintree Laboratories, Inc. Braintree, MA 02185

See Full Prescribing Information and Medication Guide at SUTAB.com.

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For additional information, please call 1-800-874-6756, or visit SUTAB.com

Braintree
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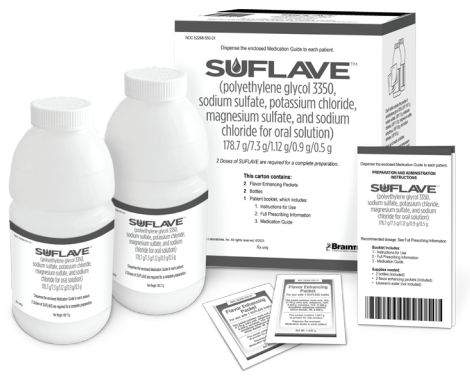
 550-885-v1-D June 2024

BRIEF SUMMARY: Before prescribing, please see Full Prescribing Information and Medication Guide for SUFLAVE™ (polyethylene glycol 3350, sodium sulfate, potassium chloride, magnesium sulfate, and sodium chloride for oral solution).

INDICATIONS AND USAGE: An osmotic laxative indicated for cleansing of the colon in preparation for colonoscopy in adults.



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DOSAGE AND ADMINISTRATION: Split Dose (2-Day) Recommended Dosage: Dose 1 – On the day prior to colonoscopy: A low residue breakfast may be consumed. After breakfast, only consume clear liquids until after the colonoscopy. Day 1, Dose 1 - Early in the Evening Prior to Colonoscopy: Open 1 flavor enhancing packet and pour the contents into one bottle. Fill the provided container (bottle) with lukewarm water up to the fill line. After capping the bottle, gently shake the bottle until all the powder has dissolved. For best taste, refrigerate the solution for an hour before drinking. Do not freeze. Use within 24 hours. Drink 8 ounces of solution every 15 minutes until the bottle is empty. Drink an additional 16 ounces of water during the evening. If nausea, bloating, or abdominal cramping occurs, pause or slow the rate of drinking the solution and additional water until symptoms diminish. Day 2, Dose 2 – The Morning of the Colonoscopy: (5 to 8 hours prior to the colonoscopy and no sooner than 4 hours from starting Dose 1): Continue to consume only clear liquids until after the colonoscopy. Repeat Step 1 to Step 3 from Day 1, Dose 1. Drink an additional 16 ounces of water during the morning. Stop drinking liquids at least 2 hours prior to colonoscopy. If nausea, bloating, or abdominal cramping occurs, pause or slow the rate of drinking the solution and additional water until symptoms diminish. **CONTRAINDICATIONS:** Use is contraindicated in the following conditions: gastrointestinal obstruction or ileus, bowel perforation, toxic colitis or toxic megacolon, gastric retention, hypersensitivity to any ingredient in SUFLAVE. **WARNINGS AND PRECAUTIONS:** Serious Fluid and Electrolyte Abnormalities: Advise all patients to hydrate adequately before, during, and after the use of SUFLAVE. If a patient develops significant vomiting or signs of dehydration after taking SUFLAVE, consider performing post-colonoscopy lab tests (electrolytes, creatinine, and BUN). Fluid and electrolyte disturbances can lead to serious adverse events including cardiac arrhythmias, seizures and renal impairment. Correct fluid and electrolyte abnormalities before treatment with SUFLAVE. Use SUFLAVE with caution in patients with conditions, or who are using medications, that increase the risk for fluid and electrolyte disturbances or may increase the risk of adverse events of seizure, arrhythmias, and renal impairment; Cardiac arrhythmias: Use caution when prescribing SUFLAVE for patients at increased risk of arrhythmias (e.g., patients with a history of prolonged QT, uncontrolled arrhythmias, recent myocardial infarction, unstable angina, congestive heart failure, or cardiomyopathy). 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Advise these patients of the importance of adequate hydration with SUFLAVE and consider performing baseline and post-colonoscopy laboratory tests (electrolytes, creatinine, and BUN) in these patients; Colonic Mucosal Ulcerations and Ischemic Colitis: Osmotic laxative products may produce colonic mucosal aphthous ulcerations, and there have been reports of more serious cases of ischemic colitis requiring hospitalization. Concurrent use of stimulant laxatives and SUFLAVE may increase these risks. Consider the potential for mucosal ulcerations resulting from the bowel preparation when interpreting colonoscopy findings in patients with known or suspect inflammatory bowel disease; Use in Patients with Significant Gastrointestinal Disease: If gastrointestinal obstruction or perforation is suspected, perform appropriate diagnostic studies to rule out these conditions before administering SUFLAVE. Use with caution in patients with severe active ulcerative colitis. Aspiration: Patients with impaired gag reflex or other swallowing abnormalities are at risk for regurgitation or aspiration of SUFLAVE. Do not combine SUFLAVE with starch-based thickeners. Observe these patients during administration of SUFLAVE. Hypersensitivity reactions, including anaphylaxis: SUFLAVE contains polyethylene glycol (PEG) and other ingredients that may cause serious hypersensitivity reactions including anaphylaxis, angioedema, rash, urticaria, and pruritus. Inform patients of the signs and symptoms of anaphylaxis, and instruct them to seek immediate medical care should signs and symptoms occur. **ADVERSE REACTIONS:** Most common adverse reactions are: nausea, abdominal distension, vomiting, abdominal pain, and headache. **POTENTIAL FOR DRUG ABSORPTION:** SUFLAVE can reduce the absorption of other co-administered drugs. Administer oral medications at least one hour before starting each dose of SUFLAVE. Administer tetracycline and fluoroquinolone antibiotics, iron, digoxin, chlorpromazine, and penicillamine at least 2 hours before and not less than 6 hours after administration of each dose of SUFLAVE to avoid chelation with magnesium. **Pregnancy:** There are no available data on the use of SUFLAVE during pregnancy to evaluate for a drug-associated risk of major birth defects, miscarriage, or adverse maternal or fetal outcomes. Animal reproduction studies have not been conducted with polyethylene glycol 3350, sodium sulfate, potassium chloride, magnesium sulfate, and sodium chloride (SUFLAVE). **Lactation:** There are no available data on the presence of SUFLAVE in human or animal milk, the effects on the breastfed child, or the effects on milk production. **Pediatric Use:** Safety and effectiveness in pediatric patients have not been established. **Geriatric Use:** Of the 460 patients who received SUFLAVE in pivotal clinical trials, 125 (27%) were 65 years of age or older. No differences in effectiveness of SUFLAVE were observed between geriatric patients and younger adult patients. In geriatric patients, decreases in blood pressure on the day of colonoscopy were reported more frequently in SUFLAVE patients than with the active comparator in Study 1 (6% vs 0%) and Study 2 (3% vs 0%). Geriatric patients are more likely to have decreased hepatic, renal or cardiac function and may be more susceptible to adverse reactions resulting from fluid and electrolyte abnormalities. **STORAGE:** Store SUFLAVE at room temperature between 20°C to 25°C (68°F to 77°F). Excursions permitted from 15°C to 30°C (59°F to 86°F). See USP controlled room temperature. Rx only. Manufactured by Braintree Laboratories, Inc. Braintree, MA 02185

See Full Prescribing Information and Medication Guide at SUFLAVE.com.

SUFLAVE™
(polyethylene glycol 3350, sodium sulfate, potassium chloride, magnesium sulfate, and sodium chloride for oral solution)
178.7 g/7.3 g/1.12 g/0.9 g/0.5 g

For additional information, please call 1-800-874-6756, or visit SUFLAVE.com

Braintree
A PART OF SEBELA PHARMACEUTICALS®

 550-885-v1-D June 2024

B:8.75"
T:8.5"
S:7.5"

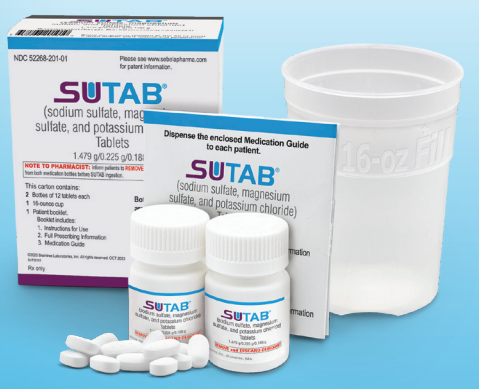
550-885-v1_E_SUFLAVE Journal Ad_8.5"x11" / January 2024

OFFER PATIENTS
A CHOICE
IN BOWEL PREPARATION

SUTAB®
(sodium sulfate, magnesium sulfate, and potassium chloride) Tablets
1.479 g/0.225 g/0.188 g

SUFLAVE™
(polyethylene glycol 3350, sodium sulfate, potassium chloride, magnesium sulfate, and sodium chloride for oral solution)
178.7 g/7.3 g/1.12 g/0.9 g/0.5 g

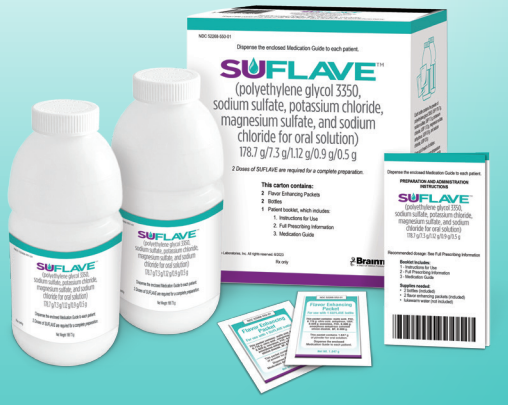
THE TABLET CHOICE



Tablets and packaging not shown actual size.

SEE FULL PRESCRIBING INFORMATION AND MEDICATION GUIDE FOR SUTAB AT **SUTAB.COM**

THE FLAVOR CHOICE



Packaging not shown actual size.

SEE FULL PRESCRIBING INFORMATION AND MEDICATION GUIDE FOR SUFLAVE AT **SUFLAVE.COM**

Please see Brief Summary of Prescribing Information for SUTAB and SUFLAVE on following pages.

B:11.25"
T:11"
S:10"

BRIEF SUMMARY: Before prescribing, please see Full Prescribing Information and Medication Guide for SUTAB® (sodium sulfate, magnesium sulfate, potassium chloride) tablets for oral use. **INDICATIONS AND USAGE:** An osmotic laxative indicated for cleansing of the colon in preparation for colonoscopy in adults. **DOSAGE AND ADMINISTRATION: Split Dose (2-Day) Regimen: Day 1,** Dose 1 – On the Evening Prior to Colonoscopy: A low residue breakfast may be consumed. After breakfast, only clear liquids may be consumed until after the colonoscopy. Early in the evening prior to colonoscopy, open one bottle of 12 tablets. **Remove and discard the desiccant.** Remove and discard the desiccant from the second bottle and close the bottle. Use the second bottle for the second dose on the morning of the colonoscopy. Fill the provided container with 16 ounces of water (up to the fill line). Swallow each tablet with a sip of water and drink the entire amount over 15 to 20 minutes. Approximately one hour after the last tablet is ingested, fill the provided container a second time with 16 ounces of water (up to the fill line) and drink the entire amount over 30 minutes. Approximately 30 minutes after finishing the second container of water, fill the provided container with 16 ounces of water (up to the fill line) and drink the entire amount over 30 minutes. Day 2, Dose 2 – The Morning of the Colonoscopy: (5 to 8 hours prior to the colonoscopy and no sooner than 4 hours from starting Dose 1). Continue to consume only clear liquids until after the colonoscopy. The morning of colonoscopy, open the second bottle of 12 tablets. Fill the provided container with 16 ounces of water (up to the fill line). Swallow each tablet with a sip of water and drink the entire amount over 15 to 20 minutes. Approximately one hour after the last tablet is ingested, fill the provided container a second time with 16 ounces of water (up to the fill line) and drink the entire amount over 30 minutes. Approximately 30 minutes after finishing the second container of water, fill the provided container with 16 ounces of water (up to the fill line) and drink the entire amount over 30 minutes. If patients experience preparation-related symptoms (e.g., nausea, bloating, cramping), pause or slow the rate of drinking the additional water until symptoms diminish. Complete all SUTAB tablets and required water at least 2 hours before colonoscopy. **CONTRAINDICATIONS:** Use is contraindicated in the following conditions: gastrointestinal obstruction or ileus, bowel perforation, toxic colitis or toxic megacolon, gastric retention, hypersensitivity to any ingredient in SUTAB. **WARNINGS AND PRECAUTIONS:** Serious Fluid and Electrolyte Abnormalities: Advise all patients to hydrate adequately before, during, and after the use of SUTAB. If a patient develops significant vomiting or signs of dehydration after taking SUTAB, consider performing post-colonoscopy lab tests (electrolytes, creatinine, and BUN). Fluid and electrolyte disturbances can lead to serious adverse events including cardiac arrhythmias, seizures and renal impairment. Correct fluid and electrolyte abnormalities before treatment with SUTAB. Use SUTAB with caution in patients with conditions, or who are using medications, that increase the risk for fluid and electrolyte disturbances or may increase the risk of adverse events of seizure, arrhythmias, and renal impairment; Cardiac arrhythmias: Use caution when prescribing SUTAB for patients at increased risk of arrhythmias (e.g., patients with a history of prolonged QT, uncontrolled arrhythmias, recent myocardial infarction, unstable angina, congestive heart failure, or cardiomyopathy). Consider pre-dose and post-colonoscopy ECGs in patients at increased risk of serious cardiac arrhythmias; Seizures: Use caution when prescribing SUTAB for patients with a history of seizures and in patients at increased risk of seizure, such as patients taking medications that lower the seizure threshold (e.g., tricyclic antidepressants), patients withdrawing from alcohol or benzodiazepines, or patients with known or suspected hyponatremia; Use in Patients with Risk of Renal Injury: Use SUTAB with caution in patients with impaired renal function or patients taking concomitant medications that may affect renal function (such as diuretics, angiotensin converting enzyme inhibitors, angiotensin receptor blockers, or non-steroidal anti-inflammatory drugs). These patients may be at risk for renal injury. Advise these patients of the importance of adequate hydration with SUTAB and consider performing baseline and post-colonoscopy laboratory tests (electrolytes, creatinine, and BUN) in these patients; Colonic-Mucosal Ulcerations and Ischemic Colitis: Osmotic laxative products may produce colonic mucosal aphthous ulcerations, and there have been reports of more serious cases of ischemic colitis requiring hospitalization. Concurrent use of stimulant laxatives and SUTAB may increase these risks. Consider the potential for mucosal ulcerations resulting from the bowel preparation when interpreting colonoscopy findings in patients with known or suspect inflammatory bowel disease (IBD); Use in Patients with Significant Gastrointestinal Disease: If gastrointestinal obstruction or perforation is suspected, perform appropriate diagnostic studies to rule out these conditions before administering SUTAB. Use with caution in patients with severe active ulcerative colitis. Hypersensitivity Reactions: Serious hypersensitivity reactions, including anaphylaxis, angioedema, dyspnea, rash, pruritis and urticaria have been reported with SUTAB. Inform patients of the signs and symptoms of anaphylaxis and instruct them to seek immediate medical care should signs and symptoms occur. Risk of Gastrointestinal Complications with Ingestion of Desiccant: Postmarketing reports of ingestion of the desiccant along with SUTAB tablets has been reported and may be associated with risk of gastrointestinal complications and/or choking. **ADVERSE REACTIONS:** Most common gastrointestinal adverse reactions are: nausea, abdominal distension, vomiting and upper abdominal pain. Postmarketing Experience: Gastrointestinal: gastric ulceration, gastritis; Hypersensitivity: anaphylaxis, angioedema, dyspnea, rash, pruritus, urticaria. **POTENTIAL FOR DRUG ABSORPTION:** SUTAB can reduce the absorption of other co-administered drugs. Administer oral medications at least one hour before starting each dose of SUTAB. Administer tetracycline and fluoroquinolone antibiotics, iron, digoxin, chlorpromazine, and penicillamine at least 2 hours before and not less than 6 hours after administration of each dose of SUTAB to avoid chelation with magnesium. **Pregnancy:** There are no available data on SUTAB use in pregnant women to evaluate for a drug-associated risk of major birth defects, miscarriage, or adverse maternal or fetal outcomes. No reproduction or developmental studies in animals have been conducted with sodium sulfate, magnesium sulfate, and potassium chloride (SUTAB). **Lactation:** There are no available data on the presence of SUTAB in human or animal milk, the effects on the breastfed child, or the effects on milk production. **Pediatric Use:** Safety and effectiveness in pediatric patients has not been established. **Geriatric Use:** Of the 471 patients who received SUTAB in pivotal clinical trials, 150 (32%) were 65 years of age or older, and 25 (5%) were 75 years of age or older. No differences in safety or effectiveness of SUTAB were observed between geriatric patients and younger patients.
Elderly patients are more likely to have decreased hepatic, renal or cardiac function and may be more susceptible to adverse reactions resulting from fluid and electrolyte abnormalities.
STORAGE: Store at 20º to 25°C (68º to 77°F). Excursions permitted between 15º to 30°C (59º to 86°F). See USP controlled room temperature. Rx only. Manufactured by Braintree Laboratories, Inc. Braintree, MA 02185

Tablets and packaging not shown actual size.

See Full Prescribing Information and Medication Guide at SUTAB.com.

SUTAB®
(sodium sulfate, magnesium sulfate, and potassium chloride)
Tablets
1.479 g/0.225 g/0.188 g

For additional information, please call 1-800-874-6756, or visit SUTAB.com

Braintree
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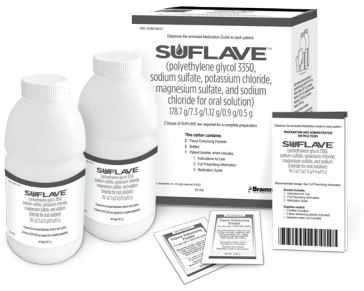
BRIEF SUMMARY: Before prescribing, please see Full Prescribing Information and Medication Guide for SUFLAVE™ (polyethylene glycol 3350, sodium sulfate, potassium chloride, magnesium sulfate, and sodium chloride for oral solution).

INDICATIONS AND USAGE: An osmotic laxative indicated for cleansing of the colon in preparation for colonoscopy in adults.



Packaging not shown actual size.

DOSAGE AND ADMINISTRATION: Split Dose (2-Day) Recommended Dosage: Dose 1 – On the day prior to colonoscopy: A low residue breakfast may be consumed. After breakfast, only consume clear liquids until after the colonoscopy. Day 1, Dose 1 - Early in the Evening Prior to Colonoscopy: Open 1 flavor enhancing packet and pour the contents into one bottle. Fill the provided container (bottle) with lukewarm water up to the fill line. After capping the bottle, gently shake the bottle until all the powder has dissolved. For best taste, refrigerate the solution for an hour before drinking. Do not freeze. Use within 24 hours. Drink 8 ounces of solution every 15 minutes until the bottle is empty. Drink an additional 16 ounces of water during the evening. If nausea, bloating, or abdominal cramping occurs, pause or slow the rate of drinking the solution and additional water until symptoms diminish. Day 2, Dose 2 – The Morning of the Colonoscopy: (5 to 8 hours prior to the colonoscopy and no sooner than 4 hours from starting Dose 1): Continue to consume only clear liquids until after the colonoscopy. Repeat Step 1 to Step 3 from Day 1, Dose 1. Drink an additional 16 ounces of water during the morning. Stop drinking liquids at least 2 hours prior to colonoscopy. If nausea, bloating, or abdominal cramping occurs, pause or slow the rate of drinking the solution and additional water until symptoms diminish. **CONTRAINDICATIONS:** Use is contraindicated in the following conditions: gastrointestinal obstruction or ileus, bowel perforation, toxic colitis or toxic megacolon, gastric retention, hypersensitivity to any ingredient in SUFLAVE. **WARNINGS AND PRECAUTIONS:** Serious Fluid and Electrolyte Abnormalities: Advise all patients to hydrate adequately before, during, and after the use of SUFLAVE. If a patient develops significant vomiting or signs of dehydration after taking SUFLAVE, consider performing post-colonoscopy lab tests (electrolytes, creatinine, and BUN). Fluid and electrolyte disturbances can lead to serious adverse events including cardiac arrhythmias, seizures and renal impairment. Correct fluid and electrolyte abnormalities before treatment with SUFLAVE. Use SUFLAVE with caution in patients with conditions, or who are using medications, that increase the risk for fluid and electrolyte disturbances or may increase the risk of adverse events of seizure, arrhythmias, and renal impairment; Cardiac arrhythmias: Use caution when prescribing SUFLAVE for patients at increased risk of arrhythmias (e.g., patients with a history of prolonged QT, uncontrolled arrhythmias, recent myocardial infarction, unstable angina, congestive heart failure, or cardiomyopathy). Consider pre-dose and post-colonoscopy ECGs in patients at increased risk of serious cardiac arrhythmias; Seizures: Use caution when prescribing SUFLAVE for patients with a history of seizures and in patients at increased risk of seizure, such as patients taking medications that lower the seizure threshold (e.g., tricyclic antidepressants), patients withdrawing from alcohol or benzodiazepines, or patients with known or suspected hyponatremia; Use in Patients with Risk of Renal Injury: Use SUFLAVE with caution in patients with impaired renal function or patients taking concomitant medications that may affect renal function (such as diuretics, angiotensin converting enzyme inhibitors, angiotensin receptor blockers, or non-steroidal anti-inflammatory drugs). These patients may be at risk for renal injury. Advise these patients of the importance of adequate hydration with SUFLAVE and consider performing baseline and post-colonoscopy laboratory tests (electrolytes, creatinine, and BUN) in these patients; Colonic Mucosal Ulcerations and Ischemic Colitis: Osmotic laxative products may produce colonic mucosal aphthous ulcerations, and there have been reports of more serious cases of ischemic colitis requiring hospitalization. Concurrent use of stimulant laxatives and SUFLAVE may increase these risks. Consider the potential for mucosal ulcerations resulting from the bowel preparation when interpreting colonoscopy findings in patients with known or suspect inflammatory bowel disease; Use in Patients with Significant Gastrointestinal Disease: If gastrointestinal obstruction or perforation is suspected, perform appropriate diagnostic studies to rule out these conditions before administering SUFLAVE. Use with caution in patients with severe active ulcerative colitis. Aspiration: Patients with impaired gag reflex or other swallowing abnormalities are at risk for regurgitation or aspiration of SUFLAVE. Do not combine SUFLAVE with starch-based thickeners. Observe these patients during administration of SUFLAVE. Hypersensitivity reactions, including anaphylaxis: SUFLAVE contains polyethylene glycol (PEG) and other ingredients that may cause serious hypersensitivity reactions including anaphylaxis, angioedema, rash, urticaria, and pruritus. Inform patients of the signs and symptoms of anaphylaxis, and instruct them to seek immediate medical care should signs and symptoms occur. **ADVERSE REACTIONS:** Most common adverse reactions are: nausea, abdominal distension, vomiting, abdominal pain, and headache. **POTENTIAL FOR DRUG ABSORPTION:** SUFLAVE can reduce the absorption of other co-administered drugs. Administer oral medications at least one hour before starting each dose of SUFLAVE. Administer tetracycline and fluoroquinolone antibiotics, iron, digoxin, chlorpromazine, and penicillamine at least 2 hours before and not less than 6 hours after administration of each dose of SUFLAVE to avoid chelation with magnesium. **Pregnancy:** There are no available data on the use of SUFLAVE during pregnancy to evaluate for a drug-associated risk of major birth defects, miscarriage, or adverse maternal or fetal outcomes. Animal reproduction studies have not been conducted with polyethylene glycol 3350, sodium sulfate, potassium chloride, magnesium sulfate, and sodium chloride (SUFLAVE). **Lactation:** There are no available data on the presence of SUFLAVE in human or animal milk, the effects on the breastfed child, or the effects on milk production. **Pediatric Use:** Safety and effectiveness in pediatric patients have not been established. **Geriatric Use:** Of the 460 patients who received SUFLAVE in pivotal clinical trials, 125 (27%) were 65 years of age or older. No differences in effectiveness of SUFLAVE were observed between geriatric patients and younger adult patients. In geriatric patients, decreases in blood pressure on the day of colonoscopy were reported more frequently in SUFLAVE patients than with the active comparator in Study 1 (6% vs 0%) and Study 2 (3% vs 0%). Geriatric patients are more likely to have decreased hepatic, renal or cardiac function and may be more susceptible to adverse reactions resulting from fluid and electrolyte abnormalities. **STORAGE:** Store SUFLAVE at room temperature between 20°C to 25°C (68°F to 77°F). Excursions permitted from 15°C to 30°C (59°F to 86°F). See USP controlled room temperature. Rx only. Manufactured by Braintree Laboratories, Inc. Braintree, MA 02185

See Full Prescribing Information and Medication Guide at SUFLAVE.com.

SUFLAVE™
(polyethylene glycol 3350, sodium sulfate, potassium chloride, magnesium sulfate, and sodium chloride for oral solution)
178.7 g/7.3 g/1.12 g/0.9 g/0.5 g

For additional information, please call 1-800-874-6756, or visit SUFLAVE.com

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