

GETTING READY FOR A COLONOSCOPY? **Tips on taking PLENVU**®

PLENVU® has 2 dosing flavors for a positive bowel prep experience*

It's important to take PLENVU® exactly as prescribed. Your healthcare provider will tell you to take the 2-Day Split-Dosing option or the 1-Day Morning Dosing option.'

When taking PLENVU®, refer to your instructions for use, but keep these steps in mind:



Dose 2 (Pouches A & B): Date

DOSE 1: MANGO DOSE 2: FRUIT PUNCH

at

Dose 1 (Pouch labeled Dose 1): <u>Date</u> at <u>Time</u>

1/	Use container provided to mix PLENVU® powder with at least 16 ounces of water until completely dissolved. This may take 2 or 3 minutes. • Slowly drink and finish the dose within 30 minutes • Try drinking it through a straw and have some hard candies or mints (no red, blue, or purple)
2/	Refill same container with at least 16 ounces of a clear liquid, like water or lemonade • Again, finish drinking within 30 minutes
3/	 Drink additional clear liquids between your 2 doses of PLENVU[®] Some examples include water, ginger ale, seltzer, clear broth soups, sports drinks, clear fruit juice,

Once it is time for you to take dose 2, **repeat steps 1-3 with Pouch A and Pouch B (to be taken together).**



Remember to wait until the time that your healthcare provider instructed before starting your second dose of PLENVU®.

NOTE: Stop drinking liquids at least 2 hours before your colonoscopy or as recommended by your doctor. You'll need to finish both doses of PLENVU[®] to complete your prep. It is important to take PLENVU[®] exactly as directed by your healthcare provider. PLENVU[®] may affect how other medicines work. If you need to take any other medicines by mouth, take those medicines at least 1 hour before starting each dose of PLENVU[®].

*Based on diary ratings given by patients who took PLENVU® or Suprep® during a clinical trial. There were no differences between the ratings given for easy-to-follow instructions, easy to drink, effectiveness of bowel cleansing, and interference with normal daily activities

'If instructed to take the 1-Day Morning Dosing option, both doses will be taken on the same day as your scheduled colonoscopy

ADDITIONAL HELPFUL TIPS

PLENVU[®] CAN BE REFRIGERATED Drink within

24 hours after it's mixed with water



and popsicles (without pieces of fruit or pulp)

AVOID CERTAIN BEVERAGES

Includes alcohol, milk, red or purple colored liquids, or drinks containing pulp **STAY HYDRATED**

It is important that you drink clear liquids before, during, and after your prep



WATCH HOW TO TAKE PLENVU®

Scan to visit **myPLENVU.com/how-to-take** for full dosing instructions and to watch videos about the convenient dosing options for PLENVU[®]

INDICATION

PLENVU® (polyethylene glycol 3350, sodium ascorbate, sodium sulfate, ascorbic acid, sodium chloride, and potassium chloride for oral solution) is a prescription medication used by adults to clean the colon before a colonoscopy.

IMPORTANT SAFETY INFORMATION

• Do not take PLENVU® if you have a blockage in your intestine (bowel obstruction), an opening in the wall of your stomach or intestine (bowel perforation), problems with food or fluid emptying from your stomach (gastric retention), a problem with food moving too slowly through your intestines (ileus), a very dilated large intestine, or an allergy to any of the ingredients in PLENVU®.

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

IMPORTANT SAFETY INFORMATION (continued)

- PLENVU[®] and other bowel preparations can cause serious side effects including loss of body fluid (dehydration) and changes in blood salts (electrolytes) in your blood. These changes can cause abnormal heartbeats that may result in death, seizures (even if you have never had a seizure), or kidney problems. Your chance of having fluid loss and changes in body salts with PLENVU[®] is higher if you have heart problems, kidney problems, or take water pills, high blood pressure medicine, or non-steroidal anti-inflammatory drugs (NSAIDS).
- Your healthcare provider may do blood tests after you take PLENVU[®] to check your blood for changes. Tell your healthcare provider right away if you have any symptoms of too much fluid loss (dehydration) including vomiting, dizziness, heart problems, kidney problems, seizures, dry mouth, urinating less often than normal; headache, or feel faint, weak, or lightheaded, especially when you stand up.
- PLENVU[®] can cause ulcers of the bowel or bowel problems (ischemic colitis). Tell your healthcare provider right away if you have severe stomach-area (abdomen) pain or rectal bleeding.
- PLENVU[®] can cause serious allergic reactions that may include skin rash, itching, raised red patches on your skin (hives); swelling of the face, lips, tongue, and throat; and kidney problems.
- The most common side effects in patients taking PLENVU[®] were nausea, vomiting, dehydration, and stomach pain or discomfort.
- Tell your healthcare provider about all of your medical conditions and medicines you take, including prescription, nonprescription medicines, vitamins, and herbal supplements before you take PLENVU[®].

These are not all the possible side effects of PLENVU[®]. Ask your healthcare provider for more information.

You are encouraged to report negative side effects of prescription drugs to the FDA. Visit **www.fda.gov/medwatch** or call **1-800-FDA-1088**.

For product information, adverse event reports, and product complaint reports, please contact:

Salix Product Information Call Center Phone: 1-800-321-4576 Fax: 1-510-595-8183 Email: salixmc@dlss.com

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





HIGHLIGHTS OF PRESCRIBING INFORMATION

These highlights do not include all the information needed to use PLENVU safely and effectively. See full prescribing information for PLENVU. PLENVU® (polyethylene glycol 3350, sodium ascorbate, sodium sulfate, ascorbi

acid, sodium chloride and potassium chloride for oral solution) Initial U.S. Approval: 2006 -- RECENT MAJOR CHANGES---

Dosage and Administration (2.1 - INDICATIONS AND USAGE ---PLENVU is an osmotic laxative indicated for cleansing of the colon in preparation for

colonoscopy in adults. (1) DOSAGE AND ADMINISTRATION --

Preparation and Administration

- Two doses of PLENVU are required for a complete preparation for colonoscopy, using a "Two-Day" or "One-Day" dosage regimen. (2.1)
- Reconstitute PLENVU in water prior to ingestion. (2.1)
- Consume additional clear liquids after each dose of PLENVU in both dosing regimens.
- (2.1, 5.1)• Administer oral medications at least 1 hour before starting each dose of PLENVU. (2.1, 7.2)
- Recommended Dosage Regimens: • Two-Day Split Dosage: Dose 1 the evening before the colonoscopy (approximately 4 pm to 8 pm) and Dose 2 the next morning (approximately 12 hours after the start of Dose 1).
- One-Day Morning Dosage: Dose 1 the morning of the colonoscopy (approximately 3 am to 7 am) and Dose 2 a minimum of 2 hours after the start of Dose 1. (2.1, 2.3)
- For complete information on dosing, preparation and administration, see full prescribing information. (2.1, 2.2, 2.3)

---- DOSAGE FORMS AND STRENGTHS---For Oral Solution: First dose: one pouch labeled Dose 1; Second dose: two pouches labeled

Dose 2 Pouch A and Dose 2 Pouch B. • Dose 1 contains 100 grams of polyethylene glycol (PEG) 3350, 9 grams of sodium sulfate, 2 grams of sodium chloride, and 1 gram of potassium chloride. (3)

• Dose 2 Pouch A contains 40 grams of PEG 3350, 3.2 grams of sodium chloride, and 1.2 grams of potassium chloride. (3) Dose 2 Pouch B contains 48.11 grams of sodium ascorbate and 7.54 grams of ascorbic acid. (3)

FULL PRESCRIBING INFORMATION: CONTENTS* INDICATIONS AND USAGE

- DOSAGE AND ADMINISTRATION Important Preparation and Administration Instructions
- Recommended Two-Day Split Dosage Regimen Recommended One-Day Morning Dosage Regimen
- 3 DOSAGE FORMS AND STRENGTHS CONTRAINDICATIONS
- WARNINGS AND PRECAUTIONS
- Serious Fluid and Electrolyte Abnormalities Cardiac Arrhythmias
- Seizures Use in Patients with Renal Impairment
- Colonic Mucosal Ulceration, Ischemic Colitis and Ulcerative Colitis
- Use in Patients with Significant Gastrointestinal Disease Aspiration
- Glucose-6-Phosphate Dehydrogenase (G6PD) Deficiency 5.9 Risks in Patients with Phenylketonuria

5.10 Hypersensitivity Reactions 6 ADVERSE REACTIONS

Clinical Trials Experience Postmarketing Experience

FULL PRESCRIBING INFORMATION

- INDICATIONS AND USAGE PLENVU[®] is indicated for cleansing of the colon in preparation for colonoscopy in adults.
- DOSAGE AND ADMINISTRATION 2.1
- Important Preparation and Administration Instructions Correct fluid and electrolyte abnormalities before treatment with PLENVU [see Warnings
- and Precautions (5.1) Two doses of PLENVU are required for a complete preparation for colonoscopy. The time interval between the two doses depends on the regimen prescribed and the planned
- timing of the colonoscopy procedure [see Dosage and Administration (2.2, 2.3)]. • The recommended "Two-Day Split Dosage" method consists of two separate doses: the first dose is taken the evening before the colonoscopy and the second dose is taken the next day, the morning of the day of the colonoscopy [see Dosage and
- Administration (2.2)]. • The recommended "One-Day Morning Dosage" method consists of two separate doses: both doses are taken in the morning of the day of the colonoscopy, with a
- minimum of 2 hours between the start of the first dose and the start of the second dose [see Dosage and Administration (2.3)] Reconstitute each pouch of PLENVU in the mixing container with water prior to ingestion. It may take 2 to 3 minutes for complete dissolution. Do not reconstitute
- with other liquids and/or add starch-based thickeners to the mixing container [see Warnings and Precautions (5.7)1. Consume additional clear liquids (including water) in both dosing regimens [see
- Dosage and Administration (2.2, 2.3), Warnings and Precautions (5.1)] • Consume only clear liquids (no solid food) from the start of PLENVU treatment until after the colonoscopy
- Do not eat or drink alcohol, milk, anything colored red or purple or any other foods containing pulp material
- Do not take other laxatives while taking PLENVU.
- Administer oral medications at least 1 hour before starting each dose of PLENVU [see Drug Interactions (7.2)]. Ensure completion of Dose 2, including all additional liquids, at least 2 hours before

the colonoscopy

2.2 Recommended Two-Day Split Dosage Regimen The recommended Two-Day Split Dosage regimen commences in the evening of the day

before the colonoscopy Instruct adult patients that on the day before the clinical procedure, they can consume a light breakfast followed by a light lunch, which must be completed at least 3 hours prior to

- the start of the first PLENVU dose Instruct patients to take two separate doses in conjunction with clear liquids as follows: Dose 1 – In the evening before the colonoscopy, between approximately 4 pm and 8 pm:
- 1. Empty the contents of Dose 1 into the mixing container that comes with PLENVU. 2. Add water to the fill line on the mixing container (at least 16 fluid ounces). Do not add other ingredients to the PLENVU solution. 3. Thoroughly mix with a spoon or shake with lid on securely until completely dissolved (which
- may take 2 to 3 minutes). 4. Drink over the next 30 minutes. Be sure to drink all of the solution.
- 5. Refill the mixing container to the fill line (at least 16 fluid ounces) with clear liquids and

drink over the next 30 minutes

6. Consume additional clear liquids during the evening. 7. If severe bloating, abdominal distention, or abdominal pain occurs following the first

- dose, delay the second dose until the symptoms resolve.
- Dose 2 The next morning, on the day of the colonoscopy, approximately 12 hours after the start of Dose 1 (between approximately 4 am and 8 am): 1. Empty the contents of Dose 2 Pouch A and Dose 2 Pouch B into the mixing container
- that comes with PLENVU. 2. Add water to the fill line on the mixing container (at least 16 fluid ounces). Do not add
- other ingredients to the PLENVU solutio 3. Thoroughly mix with a spoon or shake with lid on securely until completely dissolved (which may take 2 to 3 minutes). Drink over the next 30 minutes. Be sure to drink all of the solution.
- 4. Refill the mixing container to the fill line (at least 16 fluid ounces) with clear liquids and drink over the next 30 minutes.
- 5. Consume additional water or clear liquids up to 2 hours before the colonoscopy or as prescribed by your doctor. Then stop drinking liquids until after the colonoscopy.
- Stop drinking PLENVU temporarily or drink each portion at longer intervals if severe bloating, abdominal discomfort or distention occurs, until these symptoms resolve.
- 2.3 Recommended One-Day Morning Dosage Regimen The recommended One-Day Morning Dosage regimen commences in the morning of the

day of the colonoscopy. Instruct adult patients that on the day before the clinical procedure, they can consume a light breakfast followed by a light lunch, and clear broth soup and/or plain yogurt for dinner, which should be completed by approximately 8 pm.

- Instruct patients to take two separate doses in conjunction with clear liquids as follows:
- Dose 1 On the day of the colonoscopy, between approximately 3 am and 7 am: 1. Empty the contents of Dose 1 into the mixing container that comes with PLENVU.
- 2. Add water to the fill line on the mixing container (at least 16 fluid ounces). Do not add other ingredients to the PLENVU solution.
- 3. Thoroughly mix with a spoon or shake with lid on securely until completely dissolved (which may take 2 to 3 minutes).
- 4. Drink over the next 30 minutes. Be sure to drink all of the solution. 5. Refill the mixing container to the fill line (at least 16 fluid ounces) with clear liquids and
- drink over the next 30 minutes.
- 6. If severe bloating, abdominal distention, or abdominal pain occurs following the first dose, delay the second dose until the symptoms resolve.
- Dose 2 On the day of the colonoscopy, a minimum of 2 hours after the start of Dose 1:
- 1. Empty the contents of Dose 2 Pouch A and Dose 2 Pouch B into the mixing container that comes with PLENVU. 2. Add water to the fill line on the mixing container (at least 16 fluid ounces). Do not add
- other ingredients to the PLENVU solution 3. Thoroughly mix with a spoon or shake with lid on securely until completely dissolved (which may take 2 to 3 minutes). Drink over the next 30 minutes. Be sure to drink all of the solution.
- 4. Refill the mixing container to the fill line (at least 16 fluid ounces) with clear liquids and drink over the next 30 minutes.
- 5. Consume additional water or clear liquids up to 2 hours before the colonoscopy or as prescribed by your doctor. Then stop drinking liquids until after the colonoscopy.
- Stop drinking PLENVU temporarily or drink each portion at longer intervals if severe bloating, abdominal discomfort or distention occurs, until these symptoms resolve

- --- CONTRAINDICATIONS --Gastrointestinal (GI) obstruction (4, 5.6)
- Bowel perforation (4, 5.6)
- Gastric retention (4) Ileus (4)

9/2023

- Toxic megacolon (4) Hypersensitivity to any ingredient in PLENVU (4, 5.10)
- WARNINGS AND PRECAUTIONS
- Risk of fluid and electrolyte abnormalities: Encourage adequate hydration, assess concurrent medications, and consider laboratory assessments prior to and after use.
- <u>Cardiac arrhythmias:</u> Consider pre-dose and post-colonoscopy ECGs in patients at increased risk. (5.2) <u>Seizures</u>: Use caution in patients with a history of seizures and patients at increased risk
- of seizure, including medications that lower the seizure threshold, (5.3, 7.1)
- Patients with renal impairment or taking concomitant medications that affect rena function: Use caution, ensure adequate hydration and consider testing. (5.4, 7.1, 8.6)
- <u>Mucosal ulcerations</u>: Consider potential for mucosal ulcerations when interpreting colonoscopy ndings in patients with known or suspected inflammatory bowel disease. (5.5)
- <u>Suspected Gl obstruction or perforation</u>: Rule out diagnosis before administration. (4, 5.6) • Patients at risk for aspiration: Observe during administration. (5.7)
- <u>Glucose-6-phosphate dehydrogenase deficiency (G6PD)</u>: Use with caution. (5.8)
- <u>Risks in patients with phenylketonuria</u>: Contains phenylalanine. (5.9) • <u>Hypersensitivity reactions, including anaphylaxis:</u> Inform patients to seek immediate
- medical care if symptoms occur. (5.10)

----- ADVERSE REACTIONS --Most common adverse reactions (>2%) are nausea, vomiting, dehydration and abdominal

pain/discomfort. (6.1) 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.

----- DRUG INTERACTIONS Drugs that increase risks due to fluid and electrolyte changes. (7.1)

See 17 for PATIENT COUNSELING INFORMATION and Medication Guide. Revised: 9/2023

DRUG INTERACTIONS Drugs That May Increase Risks Due to Fluid and Electrolyte Abnormalities Potential for Reduced Drug Absorption

* Sections or subsections omitted from the full prescribing information are not listed.

After reconstitution, keep PLENVU solution at room temperature, between 68°F to 77°F

(20°C to 25°C) [see USP Controlled Room Temperature]. The solution may also be stored in

PLENVU (polyethylene glycol 3350, sodium ascorbate, sodium sulfate, ascorbic acid, sodium

chloride and potassium chloride for oral solution) is supplied as a white to yellow powder for

First dose: one pouch labeled Dose 1; Second dose: two pouches labeled Dose 2 Pouch A

Dose 2 Pouch A contains 40 grams of PEG 3350, 3.2 grams of sodium chloride, and

• Dose 2 Pouch B contains 48.11 grams of sodium ascorbate and 7.54 grams of ascorbic acid.

• Dose 1 contains 100 grams of polyethylene glycol (PEG) 3350, 9 grams of sodium

• Hypersensitivity to any ingredient in PLENVU [see Warnings and Precautions (5.10)]

Advise patients to hydrate adequately before, during, and after the use of PLENVU. If a

serious adverse reactions including cardiac arrhythmias, seizures, and renal impairment

Correct fluid and electrolyte abnormalities before treatment with PLENVU. PLENVU should

electrolyte abnormalities [such as diuretics, angiotensin converting enzyme (ACE) inhibitors

or angiotensin receptor blockers (ARBs)] [see Drug Interactions (7.1)]. Consider performing

pre-dose and post-colonoscopy laboratory tests (sodium, potassium, calcium, creatinine,

There have been rare reports of serious arrhythmias (including atrial fibrillation) associated

predominantly in patients with underlying cardiac risk factors and electrolyte disturbances.

Use caution when prescribing PLENVU for patients at increased risk of arrhythmias (e.g.,

imbalance). Consider pre-dose and post-colonoscopy ECGs in patients at increased risk of

with the use of ionic osmotic laxative products for bowel preparation. These occur

patients with a history of prolonged QT, uncontrolled arrhythmias, recent myocardial

infarction, unstable angina, congestive heart failure, cardiomyopathy or electrolyte

There have been rare reports of generalized tonic-clonic seizures and/or loss of

patients with known or suspected hyponatremia. [see Drug Interactions (7.1)].

5.4 Use in Patients with Renal Impairment

[see Use in Specific Populations (8.6)]

caution in patients with severe ulcerative colitis.

PLENVU. Use with caution in these patients.

5.7 Aspiration

aspiration were reported

consciousness associated with use of bowel preparation products in patients with no

prior history of seizures. The seizure cases were associated with electrolyte abnormalities

Use caution when prescribing PLENVU 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

Use PLENVU with caution in patients with renal impairment or patients taking concomitant

blockers, or nonsteroidal anti-inflammatory drugs) [see Drug Interactions (7.1)]. These

medications that affect renal function (such as diuretics, ACE inhibitors, angiotensin receptor

patients may be at risk for renal injury. Advise these patients of the importance of adequate

hydration before, during and after the use of PLENVU, and consider performing pre-dose

and post-colonoscopy laboratory tests (electrolytes, creatinine, and BUN) in these patients

Osmotic laxatives may produce colonic mucosal aphthous ulcerations, and there have been

reports of more serious cases of ischemic colitis requiring hospitalization. Concurrent use of

the potential for mucosal ulcerations resulting from the bowel preparation when interpreting

If gastrointestinal obstruction or perforation is suspected, perform appropriate diagnostic studies

regurgitation or aspiration of PLENVU. Observe these patients during the administration of

Do not combine PLENVU with starch-based thickeners [see Dosage and Administration

thickened liquids reduces the viscosity of the starch-thickened liquid. When a PEG-based

product used for another indication was mixed in starch-based pre-thickened liquids used in

patients with dysphagia, thinning of the liquid occurred and cases of choking and potential

Since PLENVU contains sodium ascorbate and ascorbic acid, PLENVU should be used with

caution in patients with glucose-6-phosphate dehydrogenase (G6PD) deficiency, especially

G6PD deficiency patients with an active infection, with a history of hemolysis, or taking

Phenylalanine can be harmful to patients with phenylketonuria (PKU). PLENVU contains

phenylalanine, a component of aspartame. Each PLENVU treatment contains 491 mg of

phenylalanine. Before prescribing PLENVU to a patient with PKU, consider the combined

anaphylaxis, angioedema, rash, urticaria, and pruritus *[see Adverse Reactions (6.1, 6.2)]*.

The following serious or otherwise important adverse reactions for bowel preparations are described

Inform patients of the signs and symptoms of anaphylaxis, and instruct them to seek

PLENVU contains PEG and may cause serious hypersensitivity reactions including

(2.1)]. Polyethylene glycol (PEG), a component of PLENVU, when mixed with starch-

5.8 Glucose-6-Phosphate Dehydrogenase (G6PD) Deficiency

concomitant medications known to precipitate hemolytic reactions.

daily amount of phenylalanine from all sources, including PLENVU.

immediate medical care should signs and symptoms occur.

5.9 Risks in Patients with Phenylketonuria

5.10 Hypersensitivity Reactions

ADVERSE REACTIONS

elsewhere in the labeling:

to rule out these conditions before administering PLENVU [see Contraindications (4)]. Use with

Patients with impaired gag reflex or other swallowing abnormalities are at risk for

stimulant laxatives and PLENVU may increase the risk and is not recommended. Consider

colonoscopy findings in patients with known or suspected inflammatory bowel disease.

5.6 Use in Patients with Significant Gastrointestinal Disease

5.5 Colonic Mucosal Ulceration. Ischemic Colitis and Ulcerative Colitis

(e.g., hyponatremia, hypokalemia, hypocalcemia, and hypomagnesemia) and low serum

osmolality. The neurologic abnormalities resolved with correction of fluid and electrolyte

be used with caution in patients using concomitant medications that increase the risk of

performing post-colonoscopy laboratory tests (electrolytes, creatinine, and BUN).

Bowel preparations can cause fluid and electrolyte disturbances, which can lead to

patient develops significant vomiting or signs of dehydration after taking PLENVU, consider

sulfate, 2 grams of sodium chloride, and 1 gram of potassium chloride.

• Gastrointestinal (GI) obstruction *[see Warnings and Precautions (5.6)]*

- Stimulant Laxatives 8 USE IN SPECIFIC POPULATIONS
- Pregnancy Lactation
- Pediatric Us
- Geriatric Use 8.5 8.6 Renal Impairment
- 10 OVERDOSAGE

Storage

econstitution

and Dose 2 Pouch B.

Gastric retention

Toxic megacolo

5.2 Cardiac Arrhythmias

serious cardiac arrhythmias.

5.3 Seizures

abnormalities.

Ileus

- 11 DESCRIPTION 12 CLINICAL PHARMACOLOGY
- Mechanism of Action Pharmacodynamics
- 12.3 Pharmacokinetics 14 CLINICAL STUDIES

16 HOW SUPPLIED/STORAGE AND HANDLING

a refrigerator. Use within 24 hours after it is mixed in water.

17 PATIENT COUNSELING INFORMATION

3 DOSAGE FORMS AND STRENGTHS

1.2 grams of potassium chloride.

PLENVU is contraindicated in the following conditions:

WARNINGS AND PRECAUTIONS

5.1 Serious Fluid and Electrolyte Abnormalities

and BUN) in patients receiving these concomitant medications.

• Bowel perforation [see Warnings and Precautions (5.6)]

CONTRAINDICATIONS

8 USE IN SPECIFIC POPULATIONS

8.1 Pregnancy Risk Summary

• Serious Fluid and Electrolyte Abnormalities [see Warnings and Precautions (5.1)]

• Risks in Patients with Phenylketonuria [see Warnings and Precautions (5.9)]

• Hypersensitivity Reactions [see Warnings and Precautions (5.10)]

trials of another drug and may not reflect the rates observed in practice.

were: nausea, vomiting, dehydration and abdominal pain/discomfort

Colonic Mucosal Ulceration, Ischemic Colitis and Ulcerative Colitis [see Warnings and

• Patients with Significant Gastrointestinal Disease [see Warnings and Precautions (5.6)]

• Glucose-6-Phosphate Dehydrogenase (G6PD) Deficiency [see Warnings and Precautions (5.8)]

Because clinical trials are conducted under widely varying conditions, adverse reaction rates

observed in the clinical trials of a drug cannot be directly compared to rates in the clinical

The safety of PLENVU Two-Day Split Dosage and One-Day Morning Dosage regimens was

evaluated in two randomized, parallel group, multicenter, investigator-blinded clinical trials

(Two-Day Split Dosage in the NOCT and MORA trials and One-Day Morning Dosage in the

population was 56 years (range 18 to 86 years), 92% of patients were Caucasian and 51%

with severe renal impairment were not enrolled in the clinical trials of PLENVU [see Clinical

The most common adverse reactions (>2%) in the PLENVU treatment groups in both trials

Table 1 and Table 2 display adverse reactions reported in at least 1% of patients in one or

considered as a part of the efficacy assessment, it was not defined as an adverse reaction

 Table 1: Common Adverse Reactions* in Patients Undergoing Colonoscopy in the

PLENVU

Two-Day Split Dosage

(N = 275)

%

7

6

4

2

2

2

2

1

¹ Trisulfate: Two 6-ounce bottles of oral solution each containing sodium sulfate 17.5 grams,

² Includes signs and symptoms of dehydration, including dizziness, dry mouth, orthostatic

³ Includes abdominal discomfort, abdominal pain, lower abdominal pain, upper abdominal

perosmolarity, hypokalemia, hyperkalemia, hypercalcemia, hypernatremia, hyperosmolar

Table 2: Common Adverse Reactions* in Patients Undergoing Colonoscopy in the

¹ 2 Liter PEG Plus Electrolytes: Two doses each containing PEG 3350 100 grams, sodium

sulfate 7.5 grams, sodium chloride 2.691 grams, potassium chloride 1.015 grams, sodium

² Includes signs and symptoms of dehydration, including dizziness, dry mouth, orthostatic

³ Includes abdominal discomfort, abdominal pain, lower abdominal pain, upper abdominal

⁴ Includes increased anion gap, decreased blood bicarbonate, hypomagnesemia, increased

blood osmolarity, hypokalemia, hyperkalemia, hypercalcemia, hypernatremia, hyperosmolar

noted in more patients treated with PLENVU compared with control in one or both trials. The

majority of these changes were transient and not clinically significant. Associated decreases

Decreases in creatinine clearance and increases in blood urea nitrogen (BUN) were also

noted in more patients treated with PLENVU compared to control in both trials. Changes of

a magnitude indicative of possible acute renal injury, or worsening of baseline chronic renal

Adverse reactions in patients with mild renal impairment were similar to those in patients with

asthenia, chills, pains, aches, palpitation, sinus tachycardia, hot flush, and transient increase

PLENVU in a third clinical trial, utilizing a comparator not approved in the United States. The

adverse reaction profile for patients receiving PLENVU in that trial was similar to what is

The following adverse reactions have been identified during post-approval use of another

oral formulation of polyethylene glycol 3350, sodium ascorbate, sodium sulfate, ascorbic

bowel preparations. Because these reactions are reported voluntarily from a population of

uncertain size, it is not always possible to reliably estimate their frequency or establish a

Hypersensitivity: urticaria/rash, pruritus, dermatitis, rhinorrhea dyspnea, chest and throat

Gastrointestinal: upper gastrointestinal bleeding from a Mallory-Weiss tear, esophageal

Use caution when prescribing PLENVU for patients with conditions and/or who are using

PLENVU can reduce the absorption of other coadministered oral drugs. Administer oral

medications at least 1 hour before starting each dose of PLENVU [see Dosage and

Concurrent use of stimulant laxatives and PLENVU may increase the risk of mucosal

picosulfate) while taking PLENVU [see Warnings and Precautions (5.5)].

ulceration or ischemic colitis. Avoid use of stimulant laxatives (e.g., bisacodyl, sodium

electrolyte abnormalities [see Warnings and Precautions (5.1, 5.2, 5.3, 5.4)].

medications that increase the risk of fluid and electrolyte disturbances or may increase the

risk of renal impairment, seizures, arrhythmias, or QT prolongation in the setting of fluid and

perforation [usually with gastroesophageal reflux disease (GERD)]

tightness, fever, angioedema, anaphylaxis and anaphylactic shock [see Contraindications (4)]

Cardiovascular: arrhythmia, atrial fibrillation, peripheral edema, asystole, and acute pulmonary

Drugs That May Increase Risks Due to Fluid and Electrolyte Abnormalities

acid, sodium chloride and potassium chloride or other polyethylene glycol (PEG)-based

Less common adverse reactions (less than 1%) in the NOCT and MORA trials include:

An additional 235 patients were exposed to the One-Day Morning Dosage Regimen of

anorectal discomfort, hypersensitivity reaction (including rash), migraine, somnolence,

impairment, were noted infrequently and occurred at a similar incidence in both PLENVU

Increases in serum sodium, chloride, calcium, magnesium, phosphate, and urate were

PLENVU

Two-Day Split

Dosage Regime

(N = 265)

6

3

2

⁵ Includes increased anion gap, decreased blood bicarbonate, hypomagnesemia,

* Reported in at least 1% of patients in either treatment group

potassium sulfate 3.13 grams, magnesium sulfate 1.6 grams

state, hyperuricemia, hypocalcemia, and hypophosphatemia

PLENVU

ne-Day Morning

Dosage Regimen

(N = 271)

6

4

3

* Reported in at least 1% of patients in either treatment group

N = Total number of patients in the treatment group

ascorbate 5.9 grams, and ascorbic acid 4.7 grams

otension, pre-syncope, syncope, and thirst

state, hyperuricemia, hypocalcemia, and hypophosphatemia

in bicarbonate and increases in serum osmolality were also noted.

pain, and abdominal tenderness

Electrolyte Changes

Renal Function

and comparator arms.

normal renal function.

in liver enzymes.

described above.

edema after aspiration

Administration (2.1)].

7.3 Stimulant Laxatives

7.1

Nervous system: tremor. seizure

DRUG INTERACTIONS

Consider additional patient evaluations as appropriate.

7.2 Potential for Reduced Drug Absorption

Less Common Adverse Reactions

6.2 Postmarketing Experience

causal relationship to drug exposure.

N = Total number of patients in the treatment group

hypotension, pre-syncope, syncope, and thirst

pain, and abdominal tendernes

ecreased or abnormal GFR

MORA Trial by Treatment Group

Preferred Term

/omiting

Dehvdration

Discomfort³

-lypertension

eadache

Electrolyte

Abnormalities⁴

Abdominal Pain/

Nausea

Trisulfate

Two-Day Split Dosage

(N = 271)

%

2

3

2

2

2

1

1

1

0

2 Liter PEG +

Electrolytes

Two-Day Spli

Dosage Regime

(N = 269)

3

2

3

more treatment group(s) in the NOCT and MORA trials, respectively. Since diarrhea was

were female. In the NOCT trial, 61% of patients had mild renal impairment. In the MORA

MORA trial) in 1351 adult patients undergoing colonoscopy. The mean age of the study

trial, 67% had mild renal impairment and 5% had moderate renal impairment. Patients

• Patients with Renal Impairment [see Warnings and Precautions (5.4)]

• Cardiac Arrhythmias *[see Warnings and Precautions (5.2)]*

• Seizures [see Warnings and Precautions (5.3)]

• Aspiration [see Warnings and Precautions (5.7)]

Precautions (5.5)1

Studies (14)].

Vausea

Vomiting

Fatique

leadache

Gastritis

Hiatus Hernia

Nasopharyngitis

Dehydration²

6.1 Clinical Trials Experience

NOCT Trial by Treatment Group

Preferred Term

Abdominal Pain/Discomfor

Decline in Glomerula

Filtration Rate (GFR)⁴

Abdominal Distension

Electrolyte Abnormalities⁵

There are no available data with PLENVU in pregnant women to inform a drug-associated risk for adverse developmental outcomes. Animal reproduction studies have not been

onducted with PLENVU The estimated background risk of major birth defects and miscarriage for the indicated opulation is unknown. All pregnancies have a background risk of birth defect, loss, or other adverse outcomes. In the U.S. general population, the estimated background risk of major birth defects and miscarriage in clinically recognized pregnancies is 2% to 4% and 15% to 20%, respectively

8.2 Lactation <u>Risk Summary</u>

There are no data available to assess the presence of PLENVU in human milk, the effects on the breastfed child or the effects on milk production. The lack of clinical data during lactation precludes a clear determination of the risk of PLENVU to a child during lactation therefore, the developmental and health benefits of breastfeeding should be considered along with the mother's clinical need for PLENVU and any potential adverse effects on the breastfed child from PLENVU or from the underlying maternal condition.

8.4 Pediatric Use

The safety and effectiveness of PLENVU in pediatric patients has not been established. 8.5 Geriatric Use

Of the approximately 1,000 patients in clinical trials receiving PLENVU, 217 (21%) patients were over 65 years of age. No overall differences in safety or effectiveness were observed between geriatric patients and younger patients, and other reported clinical experience has not identified differences in responses between geriatric patients and younger patients. However, 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 [see Warnings and Precautions (5.1)].

8.6 Renal Impairment Use PLENVU with caution in patients with renal impairment or patients taking concomitant nedications that may affect renal function [see Drug Interactions (7.1)]. These patients may be at risk for renal injury. Advise these patients of the importance of adequate hydration before, during and after the use of PLENVU, and consider performing baseline and postcolonoscopy laboratory tests (electrolytes, creatinine, and BUN) in these patients [see Warnings and Precautions (5.4)].

10 OVERDOSAGE

11 DESCRIPTION

Overdosage of more than the recommended dose of PLENVU may lead to severe electrolyte disturbances, as well as dehydration and hypovolemia, with signs and symptoms of these disturbances [see Warnings and Precautions (5.1)]. Monitor for fluid and electrolyte disturbances and treat symptomatically.

The active ingredients contained in PLENVU are provided in Table 3.

Table 3: Details of Active Ingredients contained in PLENVU

Chemical Name	Chemical Formula	Average Molecular Weight (g/mol)	Chemical Structure
Polyethylene Glycol (PEG) 3350	H-(OCH ₂ -CH ₂) _n -OH	3350	H [0] n H
Sodium Ascorbate	C ₆ H ₇ NaO ₆	198.1	HO *Na'O HO
Sodium Sulfate	$\rm Na_2SO_4$	142.0	Na ⁺ O ⁻ Na ⁺ O=S=O I O ⁻
Ascorbic Acid	C ₆ H ₈ O ₆	176.1	HO HIM O OH
Sodium Chloride	NaCl	58.4	Na+ Cl⁻
Potassium Chloride	KCI	74.6	K+ CI+

PLENVU (polyethylene glycol 3350, sodium ascorbate, sodium sulfate, ascorbic acid, sodium chloride and potassium chloride for oral solution) is an osmotic laxative consisting of three bouches (one for Dose 1, one for Dose 2 Pouch A and one for Dose 2 Pouch B) containing white to yellow powder for reconstitution

Dose 1 contains 100 grams of PEG 3350, 9 grams of sodium sulfate, 2 grams of sodium chloride, and 1 gram of potassium chloride, and the following excipients: sucralose, encapsulated citric acid and mango flavoring. When Dose 1 is dissolved in water to a volume of 16 fluid ounces, PLENVU Dose 1 (PEG 3350, sodium sulfate, sodium chloride and potassium chloride) is an oral solution having a mango flavor.

Each Dose 2 Pouch A contains 40 grams of PEG 3350, 3.2 grams of sodium chloride, and 1.2 grams of potassium chloride, and the following excipients: aspartame and fruit punch

Each Dose 2 Pouch B contains 48.11 grams of sodium ascorbate and 7.54 grams of ascorbic acid.

When Dose 2 Pouch A and Dose 2 Pouch B are dissolved together in water to a volume of 16 fluid ounces, PLENVU Dose 2 (sodium ascorbate, PEG 3350, ascorbic acid, sodium chloride and potassium chloride) is an oral solution having a fruit punch flavor. The entire reconstituted 32 fluid ounces of PLENVU bowel preparation contains 140 grams of PEG 3350, 48.11 grams of sodium ascorbate, 9 grams of sodium sulfate, 7.54 grams of ascorbic acid, 5.2 grams of sodium chloride and 2.2 grams of potassium chloride and the ollowing excipients: aspartame, sucralose, encapsulated citric acid, mango and fruit punch

A mixing container for reconstitution is enclosed.

henylketonurics: Contains Phenylalanine 491 mg per treatment. Contains no ingredient made from a gluten-containing grain (wheat, barley, or rye).

CLINICAL PHARMACOLOGY 12.1 Mechanism of Action

12

14

The primary mode of action is osmotic action of the components of PLENVU (PEG 3350 plus sodium sulfate components in Dose 1, and sodium ascorbate and ascorbic acid plus PEG 3350 components in Dose 2) which induce the laxative effect. The physiological consequence is increased water retention in the lumen of the colon, resulting in loose stools.

12.2 Pharmacodynamics The osmotic effect of the unabsorbed PEG, ascorbate and sulfate ions, when ingested, produces a copious watery diarrhea.

The first bowel movement may happen about 1 to 2 hours after the start of PLENVU intake. 12.3 Pharmacokinetics

The plasma pharmacokinetic parameters for PEG 3350, ascorbate and sulfate are shown in

Table 4: Plasma Pharmacokinetic Data Following Two-Day Split Dosage Regimen of 140 grams PEG 3350, 33.9 grams Sodium Ascorbate, 9 grams Sodium Sulfate, 20.1 grams Ascorbic Acid, 4.8 grams Sodium Chloride and 2.3 grams Potassium ride in Healthy Subjects1 (N

PK Parameter	PEG 3350 Mean (SD)	Ascorbate ³ Mean (SD)	Sulfate ³ Mean (SD)
C _{max} [mcg/mL]	2.7 (1.17)	70.8 (22.37)	17.6 (4.80)
T _{max} [h]	3.0 (0.61)	16.8 (0.75)	8.1 (5.51)
AUC(0-t _{las}) [mcg·h/mL]	17.3 (7.19)	433.1 (157.29)	206.2 (74.32)
V _d [I]	48,481 (29,811)	1,026 (675)	231 (205)
t _{1/2} [h]	4.1 (2.34)	7.2 (6.16)	10.5 (15.19)

Four-day study with controlled diet including fasting from 2 pm on Day 1 to 2 pm on Day 2. Product studied contains the same amount of PEG 3350 and sodium sulfate, although the amount of sodium ascorbate and ascorbic acid are slightly different, compared to PLENVU. SD = standard deviation; C_{max} = maximum concentration; T_{max} = time to maximum concentration from start of dosing; AUC(0-t_{iast}) = area under the curve from t_o to t_{iast}; V_d = volume of distribution; $t_{1/2} = half$ -life.

Baseline-corrected A pharmacokinetic study measured up to 85% to 99% of a 140 grams oral PEG 3350 dose

n excreted feces. A pharmacokinetic study measured up to 69% of a 50 grams oral ascorbate dose in excreted eces and up to 5% of the 50 grams oral ascorbate dose is recovered in the urine (with up to

.07% as the ascorbate metabolite, oxalic acid). Sulfate is endogenous and also present in the diet. A pharmacokinetic study measured up

to 69% to 73% of a 9 grams oral sodium sulfate dose in excreted feces, with approximately 43% recovered in the urine. ollowing a One-Day Morning Dosage regimen of PLENVU, C_{max} values of glycolic acid (after

baseline correction) ranged from 76 to 1,770 ng/mL with a median T_{max} of 9 hours and AUC, in the range of 3.770 to 17.700 ng h/mL. The concentrations of ethylene glycol and diethylene glycol in any individual subject were lower than 2.5 mcg/mL (lower limit of quantitation (LLOQ): 2.5 mcg/mL) and oxalic acid was not measurable (LLOQ: 10 mcg/mL). CLINICAL STUDIES Study Design

The colon cleansing efficacy, safety and tolerability of PLENVU was evaluated in two andomized, parallel-group, multicenter, investigator-blinded trials in adult patients scheduled to undergo a screening, surveillance, or diagnostic colonoscopy. The overall patient population consisted of 49% male and 51% female patients, mean age of 56 years (range 18 to 86 years), 92% Caucasian, 5% Black and 2% Asian. In general, the demographic characteristics were balanced across the trials

In Study NER1006-01/2014 (referred to as NOCT; NCT02254486) and Study NER1006-02/2014 (referred to as MORA; NCT02273167), the bowel cleansing efficacy of PLENVU was compared to two different comparators (see Table 5) using two different PLENVU dosing • PLENVU Two-Day Split Dosage regimen allows for an overnight gap between doses (Dose 1 taken in the evening before the colonoscopy, between approximately 4 pm and 8 pm,

and Dose 2 the next morning, on the day of the colonoscopy, approximately 12 hours after the start of Dose 1) • PLENVU One-Day Morning Dosage regimen gives both doses the morning of the day of

colonoscopy (Dose 1 between approximately 3 am and 7 am, and Dose 2 a minimum of 2 hours after the start of Dose 1).

Table 5: Treatment Regimens by Trial

Trial	PLENVU Dosage Regimen(s)	Comparator Regimens
NOCT	Two-Day Split Dosage	Trisulfate bowel cleansing solution administered as a Two-Day Split Dosage regimen:
		• [Trisulfate (Two 6-ounce bottles each containing sodium sulfate 17.5 grams, potassium sulfate 3.13 grams, and magnesium sulfate 1.6 grams)]
MORA	Two-Day Split Dosage	2 liter PEG + electrolytes (2 L PEG+E) preparation
	and	administered as a Two-Day Split Dosage regimen:
	One-Day Morning Dosage	Two doses, each containing PEG 3350 100 grams, sodium sulfate 7.5 grams, sodium chloride 2.691 grams, potassium chloride 1.015 grams, sodium ascorbate 5.9 grams, and ascorbic acid 4.7 grams

The primary efficacy endpoint in both trials was the proportion of patients achieving "overall bowel cleansing success," which was defined by a result of Grade A or B (Grades A or B [see Table 6] corresponding to full visualization of the bowel mucosa on the Harefield Cleansing Scale [HCS]), as assessed on withdrawal of colonoscope. The HCS segmental scores were initially evaluated by the colonoscopist at the site, who was blinded to treatment, and evaluated for endpoint analysis by central readers (gastroenterologists) using

video recordings of the colonoscopy. **Table 6: Harefield Cleansing Scale**

Primary Endpoint

usio of nurenora oreanoning obaio	
Overall Grade	Description
А	All five segments* scored 3 or 4 (Mucosa is fully visualized without cleaning.)
В	One or more segments scored 2, remaining segments scored 3 or 4 (Mucosa is fully visualized.)
C	One or more segments scored 1, remaining segments scored 2, 3 or 4
D	One or more segments scored 0
Segmental Score	Description
4	Empty and clean
3	Clear liquid
2	Brown liquid/fully removable semisolid stools
1	Semisolid, only partially removable stools
0	Irremovable, heavy, hard stools
Colon ascendens, Colon transversum, Colo	n descendens. Colon sigmoideum. Bectum

Statistical Analysis The modified Intent-to-Treat (mITT) population was used as the primary population for the

efficacy analyses and was defined as all randomized patients with the exception of any patient who (i) was randomized but subsequently failed to meet entry criteria and (ii) in whom it was confirmed (from their patient diary) that the same patient did not receive any

Non-inferiority was assessed using a one-sided 97.5% confidence interval (CI) for the difference in proportions of patients for the overall bowel cleanistic success endpoint. Non-inferiority was demonstrated if the difference between PLENVU and the comparator was above the predefined non-inferiority margin set at -10%.

Efficacy Results The results for the overall bowel cleansing success endpoint in the mITT population in NOCT are shown in Table 7. The Two-Day Split Dosage regimen of PLENVU was shown to be noninferior (NI) to the trisulfate solution comparator

Primary Endpoint (N=556)	PLENVU Two-Day Split Dosage Regimen	Trisulfate Two-Day Split Dosage Regimen	PLENVU [®] - Trisulfat Difference (%)	
	(N=276) n (% = n/N*100)	(N=280) n (% = n/N*100)	(97.5% One-Sided Lower Confidence Interval)	
Overall Colon Cleansing Success Rate	235 (85.1%)	238 (85.0%)	0.1% (-8.2%)	

The results for the overall bowel cleansing success endpoint in the mITT population in MORA are shown in Table 8. Both the PLENVU Two-Day Split Dosage regimen and the PLENVU One-Day Morning Dosage regimen were shown to be non-inferior (NI) to the

2 L PEG+E treatment comparator

Primary Endpoint (N=822)	PLENVU Two-Day Split Dosage Regimen	PLENVU One-Day Morning Dosage Regimen	2 L PEG+E Two-Day Split Dosage Regimen	PLENVU® Regimen - 2 L PEG+E Difference (%)
(11-022)	(N=275) n (% = n/N*100)	(N=275) n (% = n/N*100)	(N=272) n (% = n/N*100)	(97.5% One-Sided Lower Confidence Interval)
				Two-Day Split Dosage
Overall Colon	253	245	238	4.5% (-4.0%)
Cleansing Success Rate	(92.0%)	(89.1%)	(87.5%)	One-Day Morning Dosage
				1.6%

HOW SUPPLIED/STORAGE AND HANDLING

PLENVU (polyethylene glycol 3350, sodium ascorbate, sodium sulfate, ascorbic acid, sodium chloride and potassium chloride for oral solution) is supplied as a white to yellow powder for reconstitution.

Dose 1 contains 100 grams of PEG 3350, 9 grams of sodium sulfate, 2 grams of sodium chloride, and 1 gram of potassium chloride: NDC 65649-400-01. Dose 2 Pouch A contains 40 grams of PEG 3350, 3.2 grams of sodium chloride, and 1.2 grams of potassium chloride: NDC 65649-400-01

Dose 2 Pouch B contains 48.11 grams of sodium ascorbate and 7.54 grams of ascorbic acid: NDC 65649-400-01 PLENVU, single-use inner carton: The inner carton contains three pouches labeled Dose 1

Dose 2 Pouch A and Dose 2 Pouch B: NDC 65649-400-01. PLENVU, single-use outer carton: Each outer carton contains the inner carton, prescribing information and patient information and a disposable mixing container with lid for reconstitution of PLENVU: NDC 65649-400-01. Storage

Store pack at room temperature, between 68°F to 77°F (20°C to 25°C) with excursions permitted to 59°F to 86°F (15°C to 30°C) [see USP Controlled Room Témperature]. The pack may be stored in a refrigerator.

17 PATIENT COUNSELING INFORMATION

Advise the patient to read the FDA-approved patient labeling (Medication Guide and Instructions for Use). Instruct patients

- Two doses of PLENVU are required for a complete preparation for colonoscopy either as a Two-Day Split Dosage or One-Day Morning Dosage regimen [see Instructions for Use].
- Follow the directions in the Instructions for Use, for either the Two-Day Split Dosage or the One-Day Morning Dosage regimen, as prescribed. Reconstitute each pouch of PLENVU in the mixing container with water before ingestion
- and drink additional clear liquids. Examples of clear liquids can be found in the Instructions for Use. Do not reconstitute with other liquids and/or add starch-based thickeners to the mixing container [see Warnings and Precautions (5.7)]
- Consume additional clear liquids before, during, and after the use of PLENVU to prevent dehydration [see Warnings and Precautions (5.1)
- Consume only clear liquids (no solid food) from the start of PLENVU treatment until after the colonoscopy. • Do not eat or drink alcohol, milk, anything colored red or purple or any other foods
- containing pulp material.
- Do not take other laxatives while taking PLENVU. • PLENVU contains 491 mg of phenvlalanine per treatment *[see Warnings and Precautions (5.9)]*. Administer oral medications at least 1 hour before starting each dose of PLENVU.
- Contact their healthcare provider if they develop significant vomiting or signs of dehydration after taking PLENVU or if they experience altered consciousness or seizures [see Warnings and Precautions (5.1, 5.2, 5.3, 5.4)].
- Stop drinking PLENVU temporarily or drink each portion at longer intervals if severe abdominal discomfort or distention develops until these symptoms diminish. If severe symptoms persist, contact their healthcare provider.

Distributed by: Salix Pharmaceuticals, a division of Bausch Health US. LLC Bridgewater, NJ 08807 USA Manufactured by: Noraine Limited ir-y-berth Industrial Estate New Road, Tir-v-berth Hengoed, CF82 8SJ

9643003

United Kingdom (GBR) Patented. See https://patents.salix.com for US patent information. PLENVU is a registered trademark of the Norgine group of companies used under license. © 2023 Salix Pharmaceuticals. Inc. or its affiliates

- seizures. This can happen even if you have never had a seizure.
- kidnev problems Your chance of having fluid loss and changes in body salts with PLENVU is higher if you:
- have heart problems
- have kidney problems

FLLIVVU.	
 vomiting 	 urinating less often than normal
 dizziness 	 headache
See "What are the possible	side effects of PLENVU?" for more information about side effects.

What is PLENVU?

- Do not take PLENVU if your healthcare provider has told you that you have:
- a blockage in your intestine (bowel obstruction).
- an opening in the wall of your stomach or intestine (bowel perforation).
- problems with food and fluid emptying from your stomach (gastric retention). • a problem with food moving too slowly through your intestines (ileus).
- a very dilated intestine (toxic megacolon).
- an allergy to any of the ingredients in PLENVU. See the end of this Medication Guide for a complete

Before taking PLENVU, tell your healthcare provider about all of your medical conditions, incl have problems with serious loss of body fluid (dehydration) and changes in blood salts (electrolytes have heart problems.

- have seizures or take medicines for seizures.
- have kidney problems or take medicines for kidney problems.
- have stomach or bowel problems, including ulcerative colitis. have problems with swallowing, gastric reflux or if you inhale food or fluid into your lungs when eat
- have a condition called glucose-6-phosphate dehydrogenase (G6PD) deficiency that destroys red b are withdrawing from drinking alcohol.
- have phenylketonuria (PKU). PLENVU contains phenylalanine.
- are allergic to any of the ingredients in PLENVU.
- are pregnant or plan to become pregnant. It is not known if PLENVU will harm your unborn baby. Ta you are pregnant · are breastfeeding or plan to breastfeed. It is not known if PLENVU passes into your breast milk. You

vou will take PLENVU while breastfeeding. Tell your healthcare provider about all the medicines you take, including prescription and over-the-cour PLENVU may affect how other medicines work. If you need to take any other medicines by mouth,

- starting each dose of PLENVU. Especially tell your healthcare provider if you take:
- medicines to treat a blood salt (electrolyte) imbalance.

United Kingdom (GBR)

Revised: 9/2023

70015340-01

Patented. See https://patents.salix.com for US patent information.

For more information, go to www.PLENVU.com or call 1-800-321-4576.

© 2023 Salix Pharmaceuticals, Inc. or its affiliates

PLENVU is a registered trademark of the Norgine group of companies used under license.

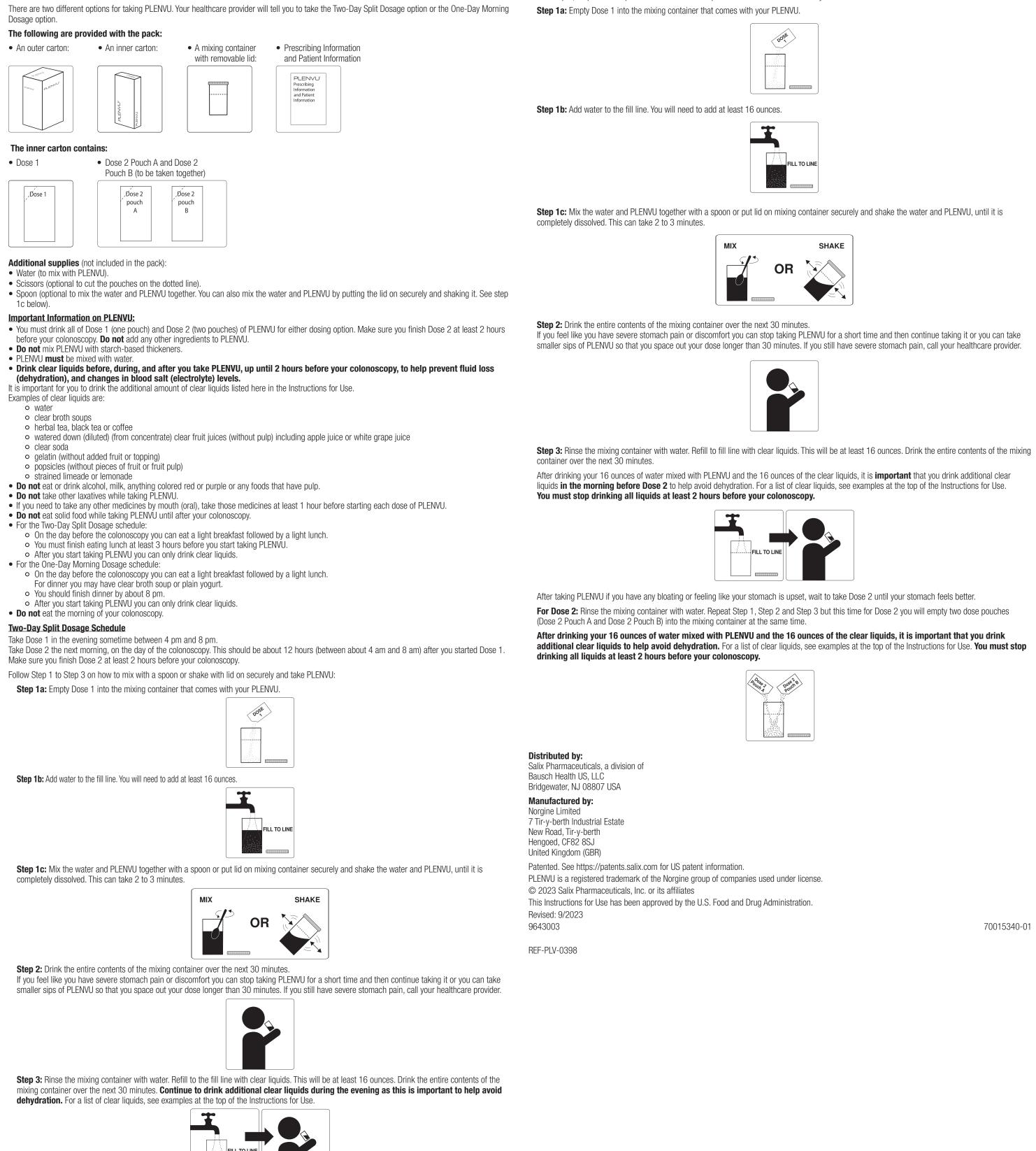
This Medication Guide has been approved by the U.S. Food and Drug Administration.

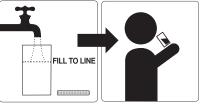
MEDICATION GUIDE PLENVU [®] (plen-vu)
(polyethylene glycol 3350, sodium ascorbate, sodium sulfate, ascorbic acid, sodium chloride and potassium chloride for oral solution)
 Read this Medication Guide and Instructions for Use before your colonoscopy and again before you start taking PLENVU. What is the most important information I should know about PLENVU? PLENVU and other bowel preparations can cause serious side effects, including: Serious loss of body fluid (dehydration) and changes in blood salts (electrolytes) in your blood. These changes can cause:
 seizures. This can happen even if you have never had a seizure. kidney problems. Your chance of having fluid loss and changes in body salts with PLENVU is higher if you:
 have heart problems. have kidney problems. take water pills (diuretics), high blood pressure medicine or non-steroidal anti-inflammatory drugs (NSAIDs).
Tell your healthcare provider right away if you have any of these symptoms of serious loss of body fluid (dehydration) while taking PLENVU:
 vomiting dizziness headache See "What are the possible side effects of PLENVU?" for more information about side effects.
What is PLENVU? PLENVU is a prescription medicine used by adults to clean the colon before a colonoscopy. PLENVU cleans your colon by causing you to have diarrhea (loose stools). Cleaning your colon helps your healthcare provider see the inside of your colon more clearly during your colonoscopy. It is not known if PLENVU is safe and effective in children.
 Do not take PLENVU if your healthcare provider has told you that you have: a blockage in your intestine (bowel obstruction).
 an opening in the wall of your stomach or intestine (bowel perforation). problems with food and fluid emptying from your stomach (gastric retention).
 a problem with food moving too slowly through your intestines (ileus). a very dilated intestine (toxic megacolon). an allergy to any of the ingredients in PLENVU. See the end of this Medication Guide for a complete list of ingredients in PLENVU.
Before taking PLENVU, tell your healthcare provider about all of your medical conditions, including if you:
 have problems with serious loss of body fluid (dehydration) and changes in blood salts (electrolytes). have heart problems. have seizures or take medicines for seizures.
 have storach or bowel problems, including ulcerative colitis.
 have problems with swallowing, gastric reflux or if you inhale food or fluid into your lungs when eating or drinking (aspirate). have a condition called glucose-6-phosphate dehydrogenase (G6PD) deficiency that destroys red blood cells. are withdrawing from drinking alcohol.
 have phenylketonuria (PKU). PLENVU contains phenylalanine. are allergic to any of the ingredients in PLENVU.
 are pregnant or plan to become pregnant. It is not known if PLENVU will harm your unborn baby. Talk to your healthcare provider if you are pregnant. are breastfeeding or plan to breastfeed. It is not known if PLENVU passes into your breast milk. You and your healthcare provider should decide if
 Tell your healthcare provider about all the medicines you take, including prescription and over-the-counter medicines, vitamins, and herbal supplements.
PLENVU may affect how other medicines work. If you need to take any other medicines by mouth, take those medicines at least 1 hour before starting each dose of PLENVU. Especially tell your healthcare provider if you take:
 medicines to treat a blood salt (electrolyte) imbalance. medicines for blood pressure or heart problems. medicines for seizures (antiepileptics).
 medicines for kidney problems. water pills (diuretics).
 non-steroidal anti-inflammatory drugs (NSAIDs). laxatives. Do not take other laxatives while taking PLENVU. medicines for depression or other mental health problems.
• starch based thickeners. For patients who have trouble swallowing, do not mix PLENVU with starch-based thickeners Ask your healthcare provider or pharmacist for a list of these medicines if you are not sure if you are taking any of the medicines listed above. Know the medicines you take. Keep a list of them to show your healthcare provider and pharmacist when you get a new medicine.
 How should I take PLENVU? See the Instructions for Use for dosing instructions. You must read, understand, and follow these instructions to take PLENVU the right way. Take PLENVU exactly as your healthcare provider tells you to take it. Your healthcare provider will tell you to take the Two-Day Split Dosage option or the One-Day Morning Dosage option.
 Drink clear liquids before, during, and after you take PLENVU, up until 2 hours before your colonoscopy, to help prevent fluid loss (dehydration) and changes in blood salt (electrolyte) levels. Do not eat solid food while taking PLENVU until after your colonoscopy.
 It is important for you to drink the additional amount of clear liquids listed in the Instructions for Use. You may have stomach-area (abdomen) bloating after your first dose of PLENVU.
 If you have severe stomach-area (abdomen) discomfort or bloating, stop drinking PLENVU for a short time or wait a longer time between each dose of PLENVU until your stomach-area symptoms improve. If your stomach-area discomfort or bloating continues, tell your healthcare provider.
 Your first bowel movement may happen about 1 to 2 hours after you start taking PLENVU. If you take too much PLENVU, call your healthcare provider.
What are the possible side effects of PLENVU? PLENVU can cause serious side effects including:
 Changes in certain blood tests. Your healthcare provider may do blood tests after you take PLENVU to check your blood for changes. Tell your healthcare provider if you have any symptoms of too much fluid loss, including: vomiting heart problems seizures dry mouth
 feel faint, weak or lightheaded especially when you stand up (orthostatic hypotension) Ulcers of the bowel or bowel problems (ischemic colitis): Tell your healthcare provider right away if you have severe stomach-area
 (abdomen) pain or rectal bleeding. Serious allergic reactions. Symptoms of a serious allergic reaction may include: skin rash raised red patches kidney problems on your skin (hives)
• itching • swelling of the face, lips, tongue and throat The most common side effects of PLENVU include:
nausea vomiting dehydration stomach pain or discomfort These are not all the possible side effects of PLENVU.
Call your doctor for medical advice about side effects. You may report side effects to FDA at 1-800-FDA-1088. How should I store PLENVU?
 Store PLENVU (before opening and after mixed) at room temperature, between 68°F to 77°F (20°C to 25°C). PLENVU (before opening and after mixed) may also be stored in a refrigerator. Use PLENVU within 24 hours after mixing with water.
Keep PLENVU and all medicines out of the reach of children. General information about the safe and effective use of PLENVU.
Medicines are sometimes prescribed for purposes other than those listed in a Medication Guide. Do not use PLENVU for a condition for which it was not prescribed. Do not give PLENVU to other people, even if they are going to have the same procedure you are. It may harm them. You can ask your pharmacist or healthcare provider for information that is written for health professionals.
What are the ingredients in PLENVU? Active ingredient: Dose 1: PEG 3350, sodium sulfate, sodium chloride, potassium chloride
Dose 2 Pouch A: PEG 3350, sodium chloride, potassium chloride Dose 2 Pouch B: sodium ascorbate, ascorbic acid
Inactive ingredients: Dose 1: sucralose, encapsulated citric acid, mango flavoring Dose 2 Pouch A: aspartame, fruit punch flavoring
Distributed by: Salix Pharmaceuticals, a division of
Bausch Health US, LLC Bridgewater, NJ 08807 USA
Manufactured by: Norgine Limited
7 Tir-y-berth Industrial Estate New Road, Tir-y-berth Hengoed, CF82 8SJ United Kingdom (CRD)

Instructions for Use PLENVU[®] (plen-vu) (polyethylene glycol 3350, sodium ascorbate, sodium sulfate, ascorbic acid, sodium chloride and potassium chloride for oral solution)

One-Day Morning Dosage Schedule

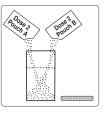
Take Dose 1 the morning of your colonoscopy sometime between 3 am and 7 am. Take Dose 2 about two hours after you start Dose 1. Make sure you finish Dose 2 at least 2 hours before your colonoscopy. Follow Step 1, Step 2 and Step 3 on how to mix with a spoon or shake with lid on securely and take PLENVU:





After taking PLENVU if you have any bloating or feeling like your stomach is upset, wait to take Dose 2 until your stomach feels better. For Dose 2: Rinse the mixing container with water. Repeat Steps 1, 2 and 3 but this time for Dose 2 you will empty two dose pouches (Dose 2 Pouch A and Dose 2 Pouch B) into the mixing container at the same time.

After drinking your 16 ounces of water mixed with PLENVU and the 16 ounces of the clear liquids, it is important that you drink additional clear liquids to help avoid dehydration. For a list of clear liquids, see examples at the top of the Instructions for Use. You must stop drinking all liquids at least 2 hours before your colonoscopy.



70015340-01