

HEALTHCARE PROVIDER INFORMATION

Name: _____

Address: _____

City: _____

State: _____ ZIP: _____

Phone: _____ Fax: _____

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



SUFLAVE Dosing Regimen

SUFLAVE is a split-dose (2-day) regimen. A total of 2 bottles are required for complete preparation for colonoscopy. You will take 2 bottles of liquid in two separate doses. One dose of SUFLAVE is equal to one bottle plus one flavor enhancing packet.

Bottles and packets not shown actual size.

Day 1, Dose 1: Early in the Evening Before Your Colonoscopy

Start Dose 1 at _____ PM.

STEP 1 Open 1 flavor enhancing packet and pour the contents into 1 bottle.

STEP 2 Fill the provided bottle with lukewarm water up to the fill line. After capping the bottle, gently shake the bottle until all powder has mixed well (dissolved). For best taste, refrigerate the solution for an hour before drinking. Do not freeze. Use within 24 hours.

STEP 3 Drink 8 ounces of solution every 15 minutes until the bottle is empty.

STEP 4 Drink an additional 16 ounces of water during the evening.

IMPORTANT: If nausea, bloating, or abdominal cramping occurs, pause or slow the rate of drinking the solution and additional water until symptoms diminish.



Bottles and packets not shown actual size.

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)

Start Dose 2 at _____ AM.

STEP 1 Repeat Step 1 to Step 3 from Day 1, Dose 1.

STEP 2 Drink an additional 16 ounces of water during the morning.

IMPORTANT: Continue to consume only clear liquids until colonoscopy. Stop drinking liquids at least 2 hours prior to colonoscopy.



Bottles and packets not shown actual size.

Stop drinking liquids at least 2 hours prior to colonoscopy.

Please see the other side for additional instructions.



What to Eat the Day BEFORE Your Colonoscopy

Please follow a low residue diet and do not eat anything after starting the bowel prep. Eat what is permitted unless otherwise directed by your doctor.

What You CAN Do

- You may have a low residue breakfast only. Low residue breakfast foods include eggs, white bread, cottage cheese, yogurt, grits, coffee, and tea.
- You may have clear liquids.

What You CANNOT Do

- Do not drink milk or eat or drink anything colored red or purple.
- Do not drink alcohol.
- Do not take other laxatives while taking SUFLAVE.
- Do not take oral medications within 1 hour of starting each dose of SUFLAVE.
- If taking tetracycline or fluoroquinolone antibiotics, iron, digoxin, chlorpromazine, or penicillamine, take these medications at least 2 hours before and not less than 6 hours after administration of each dose of SUFLAVE.

Liquids That Are OK to Drink

- Coffee, tea (no cream or non-dairy creamer)
- Fruit juices (without pulp)
- Gelatin desserts (no fruit or topping)
- Water
- Lemonade
- Chicken broth

Note

- SUFLAVE is an osmotic laxative indicated for cleansing of the colon in preparation for colonoscopy in adults.
- Be sure to tell your doctor about all the medicines you take, including prescription and non-prescription medicines, vitamins, and herbal supplements. SUFLAVE may affect how other medicines work.
- Medication taken by mouth may not be absorbed properly when taken within 1 hour before the start of each dose of SUFLAVE.
- The most common adverse reactions after administration of SUFLAVE were nausea, abdominal distension, vomiting, abdominal pain and headache.
- If nausea, bloating, or abdominal cramping occurs, pause or slow the rate of drinking the solution and additional water until symptoms diminish.
- Contact your healthcare provider if you develop significant vomiting or signs of dehydration after taking SUFLAVE or if you experience cardiac arrhythmias or seizures.
- If you have any questions about taking SUFLAVE, call your doctor.

(Please see the other page for additional instructions.)

SPECIAL INSTRUCTIONS FROM YOUR HEALTHCARE PROVIDER

YOUR PROCEDURE

Time/Date: _____

Location: _____

If you have any questions, please contact your healthcare provider at:

Please read the full Prescribing Information and Medication Guide in the kit.

To learn more about this product, please call 1-800-874-6756.

Provided as an educational service from  **Braintree**
A PART OF SEBELA PHARMACEUTICALS®