



FLAVOR CHOICE IN BOWEL PREPARATION

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 has a lemon-lime flavor.¹

IMPORTANT SAFETY INFORMATION

SUFLAVE™ (polyethylene glycol 3350, sodium sulfate, potassium chloride, magnesium sulfate, and sodium chloride for oral solution) is an osmotic laxative indicated for cleansing of the colon in preparation for colonoscopy in adults.

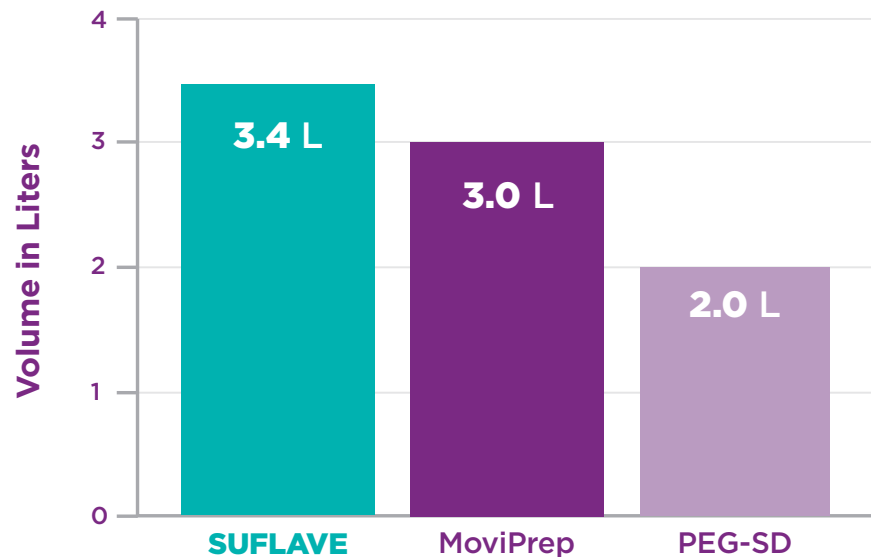
DOSAGE AND ADMINISTRATION: A low residue breakfast may be consumed on the day before colonoscopy, followed by clear liquids up to 2 hours prior to colonoscopy. Administration of two doses of SUFLAVE are required for a complete preparation for colonoscopy. Each bottle must be reconstituted with water before ingestion. Each bottle and one flavor enhancing packet are equivalent to one dose. An additional 16 ounces of water must be consumed after each dose. Stop consumption of all fluids at least 2 hours before the 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 SUFLAVE.

Please see page 13 for additional Important Safety Information, and accompanying Full Prescribing Information and Medication Guide.

Reference: 1. SUFLAVE [package insert]. Braintree, MA: Braintree Laboratories, Inc.

In a phase 1 clinical trial, **SUFLAVE** produced **higher stool output** compared with Moviprep® and PEG-SD²*



Patients taking **SUFLAVE** produced 3.4 L of stool, which was significantly higher than Moviprep (3.0 L, $P < 0.05$) and PEG-SD (2.0 L, $P < 0.05$)^{2*}

- **SUFLAVE** was well tolerated and resulted in fewer electrolyte shifts than Moviprep and PEG-SD²

Study Design²: This phase 1 safety and efficacy trial assessed 29 subjects. The goal of the study was to evaluate SUFLAVE vs Moviprep and PEG-SD fecal output and clarity.

*Stool output is accepted by FDA as a surrogate measure of bowel preparation efficacy.

SD=sports drink.

Moviprep is a registered trademark of Velinor AG.

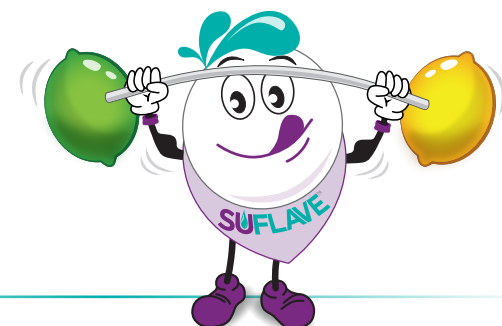
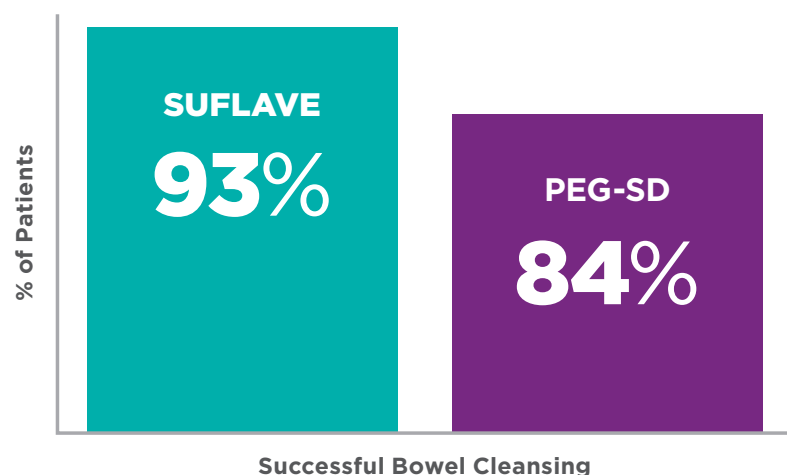
Please see accompanying Full Prescribing Information and Medication Guide.

Reference: 2. Walker ML, Cleveland MV, Hague KM, et al. A formulation development study of BLI4900, a novel flavor enhanced bowel preparation for colonoscopy. *Gastrointest Endosc.* 2022;95(6 Suppl). Accessed Jan 2, 2024. <https://doi.org/10.1016/j.gie.2022.04.188>



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93% of patients achieved **successful bowel cleansing** in a phase 2 clinical trial of **SUFLAVE** vs PEG-SD^{3*}



SUFLAVE provided higher efficacy rates compared with PEG-SD: 93% vs 84%, respectively^{3†}

- Blinded central readers rated **SUFLAVE** efficacy higher than PEG-SD; $P < 0.05^3$:
 - Central reader 1: 97% vs 74%
 - Central reader 2: 97% vs 68%

- 98% vs 74%** of **SUFLAVE** vs PEG-SD patients reported a better overall preparation experience (ratings of excellent to good)

Study Design^{3,4}: This multicenter, non-randomized, unblinded, phase 2 trial assessed 60 subjects. Since performing endoscopists were unblinded, blinded central reading was also performed using colonoscopy videos. Subjects assigned to PEG-SD received two 5-mg OTC bisacodyl laxative tablets, two 32-ounce bottles of lemon-lime-flavored sports drink (Gatorade®), and two 119-g bottles of polyethylene glycol 3350 (PEG 3350). The primary endpoint was the percentage of subjects with successful cleansing, which was based on the US FDA Bowel Prep Scoring Scale. The goal of the study was to evaluate SUFLAVE vs PEG-SD.

*Success was defined as an overall cleansing assessment of excellent or good by the blinded endoscopist; scores were assigned following completion of the colonoscopy.

†Numerical differences based on local endoscopists' ratings. Statistical comparisons were not performed due to unblinded endoscopists.

SD=sports drink.

Gatorade is a registered trademark of Stokely-Van Camp, Inc.

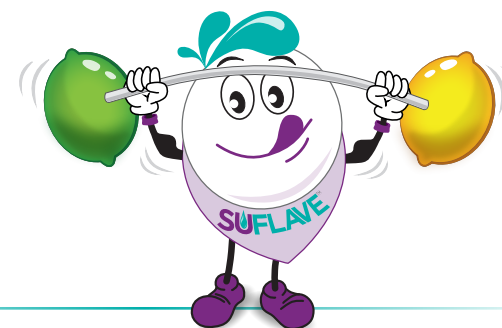
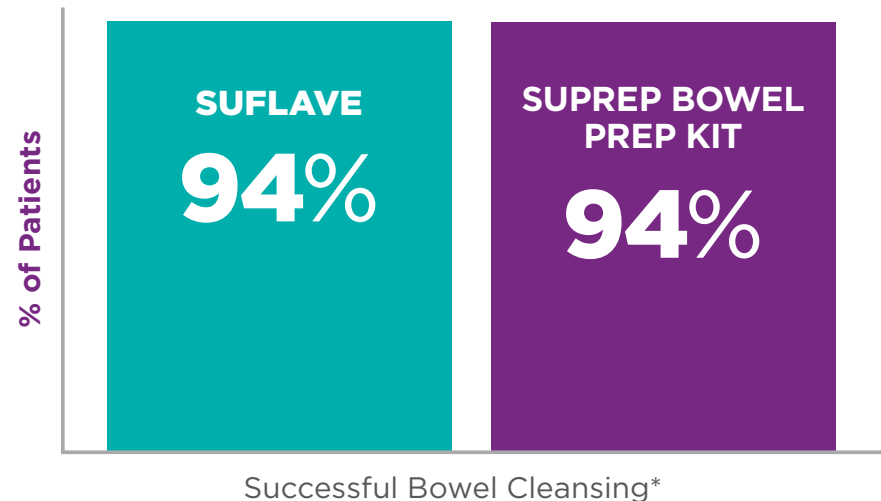
Please see accompanying Full Prescribing Information and Medication Guide.

References: 3. Wiener G, Winkle P, McGowan JD, et al. A phase 2 evaluation of a new flavored PEG and sulfate solution compared to an over-the-counter laxative, PEG and sports drink bowel preparation combination. *BMC Gastroenterol.* 2023;23:433. doi:10.1186/s12876-023-03069-8 4. Data on file. Braintree Laboratories, Inc.

4 **SUFLAVE** EFFICACY

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94% of patients achieved **successful bowel cleansing** in a pivotal phase 3 clinical trial of patients taking **SUFLAVE** vs SUPREP® Bowel Prep Kit^{1,5}



SUFLAVE provided equivalent cleansing to SUPREP Bowel Prep Kit: 94% vs 94%, respectively^{1,5}

- Blinded central readers rated **SUFLAVE** cleansing success higher than SUPREP Bowel Prep Kit: 98% vs 94%; $P=0.023^5$

Study Design^{1,5}: This phase 3 trial was conducted in multiple sites. Of the 500 subjects who enrolled, 450 were evaluable for efficacy analyses. The primary endpoint was the percentage of subjects with successful cleansing, which was defined as a rating of excellent or good as assigned by the local endoscopist utilizing the US FDA Bowel Prep Scoring Scale. Independent central readers also reviewed all colonoscopy videos and provided a global cleansing grade, as well as segmental grades, on insertion and withdrawal using a 4-point scale of excellent, good, fair, and poor. The goal of the study was to establish non-inferiority of SUFLAVE to SUPREP Bowel Prep Kit, using a 10% non-inferiority margin.

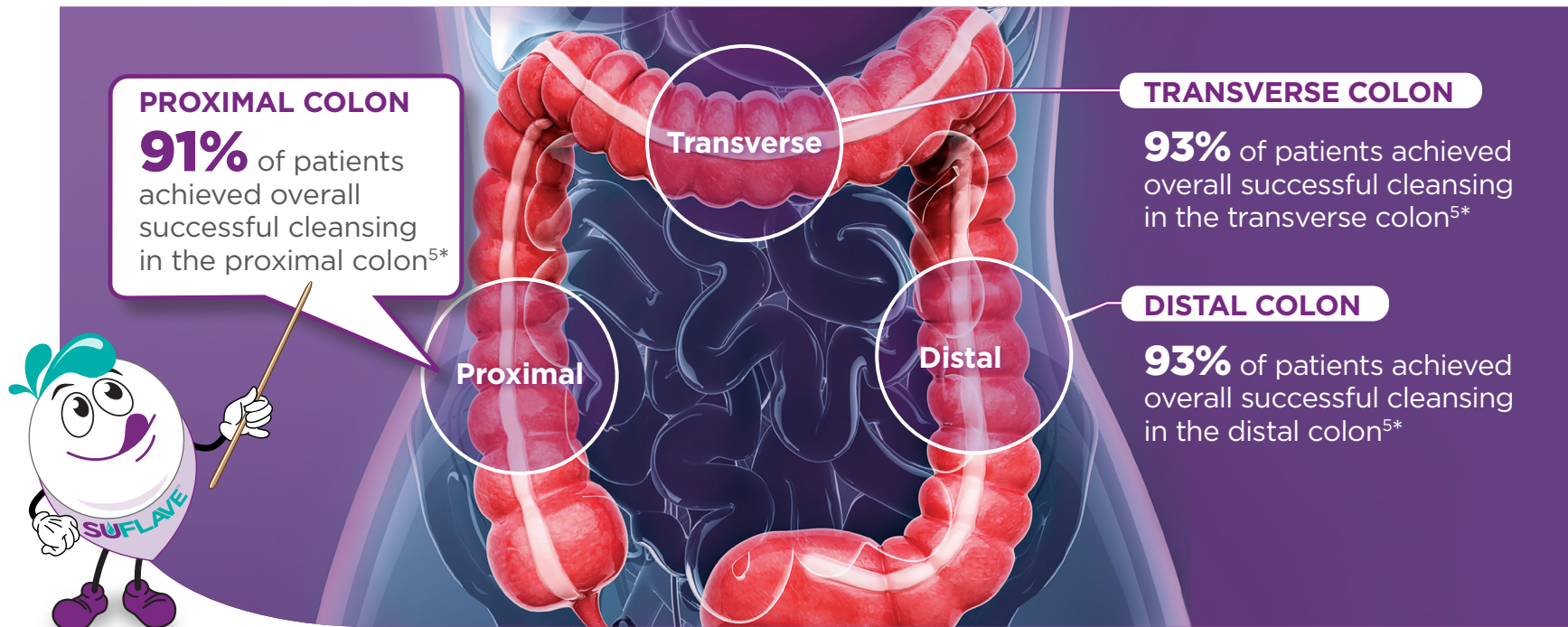
*Success was defined as an overall cleansing assessment of excellent or good by the blinded endoscopist; scores were assigned following completion of the colonoscopy; $P<0.001$ in this non-inferiority clinical trial.

Please see accompanying Full Prescribing Information and Medication Guide.

References: 1. SUFLAVE [package insert]. Braintree, MA: Braintree Laboratories, Inc. 5. Bhandari R, Goldstein M, Mishkin DS, et al. Comparison of a novel, flavor-optimized, polyethylene glycol and sulfate bowel preparation with oral sulfate solution in adults undergoing colonoscopy. *J Clin Gastroenterol.* 2023;57(9):920-927. doi:10.1097/MCG.0000000000001894

91%–93% of patients achieved **successful bowel cleansing in all segments of the colon**, including the proximal colon, in a phase 3 clinical trial of patients taking **SUFLAVE**⁵

95% vs 69% of **SUFLAVE** vs PEG-SD patients achieved **greater proximal colon cleansing** in a phase 2 clinical trial⁴



*Segmental success was defined as a cleansing assessment of excellent or good by the blinded endoscopist; scores were assigned during the withdrawal portion of the colonoscopy.

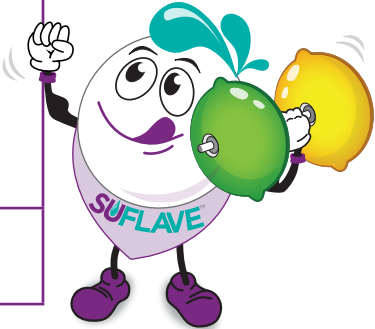
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91%–93% of **patients at higher risk of failed preparation** achieved **successful cleansing** in a phase 3 trial of patients taking **SUFLAVE**⁴

Successful Patient Cleansing ⁴	
Subgroup ^{4,6,7}	Cleansing Rate ⁴
Hard-to-prep patients (n=55) <ul style="list-style-type: none">• Opioid use• Failed colonoscopy• BMI ≥35	91%
Afternoon colonoscopy patients (n=75)	93%



- A subgroup of patients with known predictors of suboptimal preparation was analyzed^{4,6,7}
- These patients included current opioid users, those who failed a previous preparation, those with a BMI ≥35, and those who had a planned afternoon colonoscopy⁴
- **SUFLAVE** achieved >90% success in both subgroups⁴

BMI=body mass index.
*Success was defined as an overall cleansing assessment of excellent or good by the blinded endoscopist; scores were assigned following completion of the colonoscopy.

Please see accompanying Full Prescribing Information and Medication Guide.

References: 4. Data on file. Braintree Laboratories, Inc. 6. Hernández G, Gimeno-García AZ, Quintero E. Strategies to improve inadequate bowel preparation for colonoscopy. *Front Med (Lausanne)*. 2019;6:245. doi:10.3389/fmed.2019.00245 7. D'Souza SM, Parekh PJ, Johnson DA. The dirty side of colonoscopy: predictors of poor bowel preparation and novel approaches to overcome the shortcomings. *Br J Gastroenterol*. 2019;1:106-115. doi:10.31488/bjg.1000103

99% of exams reached the cecum and were deemed clinically adequate by endoscopists in a phase 3 clinical trial of patients taking **SUFLAVE**⁵

Secondary Endpoint Results^{4,5}

Endpoint	SUFLAVE Result
Cecal intubation rate	99% ⁵
Preparation adequacy	99% ⁵
Procedure duration (median)	14 minutes ⁴
Withdrawal time (median)	8 minutes ⁴
Intraprocedural water volume (median)	50 mL ⁴

- ADR was 35% in patients taking **SUFLAVE**⁵
 - Benchmark for ADRs: 25% overall, 30% in men, 20% in women⁸
 - Achieving an ADR >33.5% *minimizes* the probability of missing colorectal cancer^{9,10}
- ASGE/ACG Task Force on Quality Indicators targets ≥85% adequate bowel preps to allow the use of recommended surveillance or screening intervals¹¹



ACG=American College of Gastroenterology; ADR=adenoma detection rate; ASGE=American Society for Gastrointestinal Endoscopy.

Recommended Cecal Intubation Rate >95%: US Multi-Society Task Force on Colorectal Cancer recommends a rectal intubation rate of at least 95% for screening colonoscopy and 90% for all colonoscopies.¹¹

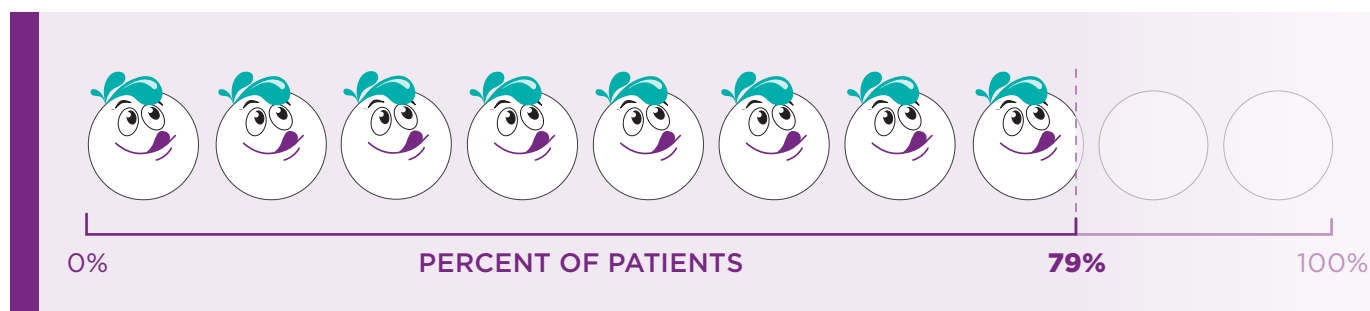
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References: **4.** Data on file. Braintree Laboratories, Inc. **5.** Bhandari R, Goldstein M, Mishkin DS, et al. Comparison of a novel, flavor-optimized, polyethylene glycol and sulfate bowel preparation with oral sulfate solution in adults undergoing colonoscopy. *J Clin Gastroenterol.* 2023;57(9):920-927. doi:10.1097/MCG.0000000000001894 **8.** Rex DK, Boland CR, Dominitz JA, et al. Colorectal cancer screening: recommendations for physicians and patients from the US Multi-Society Task Force on Colorectal Cancer. *Am J Gastroenterol.* 2017;112(7):1016-1030. doi:10.1038/ajg.2017.174 **9.** Corley DA, Jensen CD, Marks AR, et al. Adenoma detection rate and risk of colorectal cancer and death. *N Engl J Med.* 2014;370:1298-1306. doi:10.1056/NEJMoa1309086 **10.** Liem B, Gupta N. Adenoma detection rate: the perfect colonoscopy quality measure or is there more? *Transl Gastroenterol Hepatol.* 2018;3:19. doi:10.21037/tgh.2018.03.04 **11.** Rex DK, Schoenfeld PS, Cohen J, et al. Quality indicators for colonoscopy. *Gastrointest Endosc.* 2015;81(1):31-53. doi:10.1016/j.gie.2014.07.058

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The **flavor patients favor** in a phase 3 clinical trial of **SUFLAVE** vs SUPREP[®] Bowel Prep Kit⁵

- The majority of patients in this study agreed that **SUFLAVE** tasted like a sports drink⁴
- **79% vs 53%** of **SUFLAVE** vs SUPREP[®] Bowel Prep Kit patients, respectively, found the taste neutral to very pleasant⁵



- **SUFLAVE** was formulated with lemon-lime flavor to taste similar to a sports drink^{1,4}
- In **three** clinical studies, the majority of patients agreed that **SUFLAVE** tastes similar to a sports drink^{1,4}



Please see accompanying Full Prescribing Information and Medication Guide.

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87% of adult patients found **SUFLAVE** tolerable
to **very easy** to consume in a phase 3 clinical trial⁵

Patient Preference Data^{4,5}

ALL STUDY PATIENTS ≥18 YEARS OF AGE

How was your overall experience?

74% said it was **excellent** or **good**⁵

*Would you request **SUFLAVE** again?*

80% said they would ask for **SUFLAVE**
for a subsequent colonoscopy⁵

STUDY PATIENTS ≤50 YEARS OF AGE

How was your overall experience?

78% said it was **tolerable** to **very easy** to consume⁴

72% said it was **excellent** or **good**⁴

*Would you request **SUFLAVE** again?*

77% said they would ask for **SUFLAVE**
for a subsequent colonoscopy⁴

Did You Know?

- USPSTF guidelines recommend screening patients at **45 years of age** for colorectal cancer¹²



USPSTF=US Preventative Services Task Force.

Please see accompanying Full Prescribing Information and Medication Guide.

References: 4. Data on file. Braintree Laboratories, Inc. 5. Bhandari R, Goldstein M, Mishkin DS, et al. Comparison of a novel, flavor-optimized, polyethylene glycol and sulfate bowel preparation with oral sulfate solution in adults undergoing colonoscopy. *J Clin Gastroenterol.* 2023;57(9):920-927. doi:10.1097/MCG.0000000000001894 12. US Preventive Services Task Force. Screening for colorectal cancer: US Preventive Services Task Force recommendation statement. *JAMA.* 2021;325(19):1965-1977. doi:10.1001/jama.2021.6238

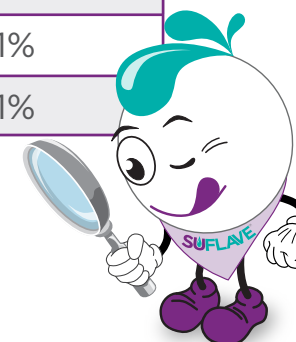
10 SUFLAVE TOLERABILITY

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Most common adverse events* for three preps in phase 3 clinical trials¹

Common Adverse Events by Treatment Group ¹				
	Study 1 [†]		Study 2 [†]	
Adverse Event	SUFLAVE (n=233)	MoviPrep® (n=243)	SUFLAVE (n=233)	SUPREP® Bowel Prep Kit (n=226)
Nausea	13%	9%	7%	6%
Vomiting	6%	3%	4%	7%
Headache	3%	2%	2%	2%
Abdominal pain [‡]	3%	4%	3%	1%
Abdominal distension	6%	3%	1%	1%

- No significant differences were seen between preps¹



*Reported in at least 2% of patients in either treatment group.

[†] Studies 1 and 2 were not designed to support comparative claims for SUFLAVE for the adverse reactions reported in this table.

[‡] Abdominal pain is composed of several similar items.

MoviPrep is a registered trademark of Velinor AG.

Please see accompanying Full Prescribing Information and Medication Guide.

Reference: 1. SUFLAVE [package insert]. Braintree, MA: Braintree Laboratories, Inc.

SUFLAVE split-dose regimen¹

- Two doses of SUFLAVE are required for a complete preparation
- Each dose consists of 1 bottle and 1 flavor-enhancing packet

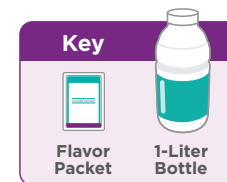
Day 1, Dose 1

Early in the Evening Prior to Colonoscopy

1. Open 1 flavor-enhancing packet and pour the contents into 1 bottle.
2. Fill the provided bottle with lukewarm water up to the fill line. After capping the bottle, gently shake the bottle until all the powder has dissolved. For the best taste, refrigerate the solution for 1 hour before drinking. Do not freeze. Use within 24 hours.
3. Drink 8 ounces of solution every 15 minutes until the bottle is empty.
4. Drink an additional 16 ounces of water during the evening.



Bottles and packets not shown actual size.



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 before colonoscopy, but no sooner than 4 hours from starting Dose 1)

Continue to consume only clear liquids until after the colonoscopy.

1. Repeat Steps 1 through 3 from Day 1, Dose 1.
2. Drink an additional 16 ounces of water during the morning.
3. Stop drinking liquids at least 2 hours prior to colonoscopy.



Bottles and packets not shown actual size.

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



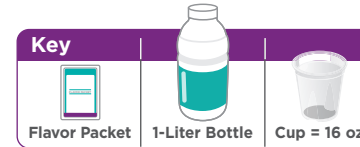
Please see accompanying Full Prescribing Information and Medication Guide.

Reference: 1. SUFLAVE [package insert]. Braintree, MA: Braintree Laboratories, Inc.

12 SUFLAVE DOSING

How much does the patient consume?

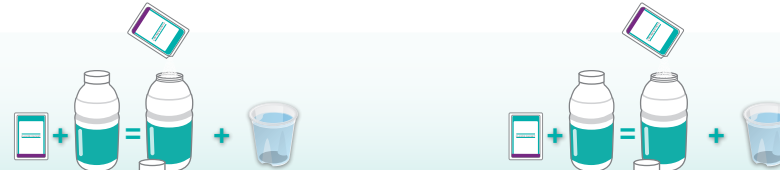
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■ SUFLAVE™ (split-dose regimen)¹

Two SUFLAVE doses are required for a complete preparation:

- Dose 1 consists of 1 bottle and 1 flavor-enhancing packet
- Dose 2 consists of 1 bottle and 1 flavor-enhancing packet
- Each dose is followed by an additional 16 oz of water



■ SUTAB® (split-dose regimen)¹³

Two SUTAB doses are required for a complete preparation:

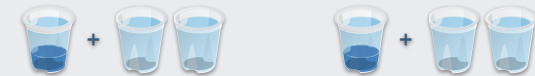
- Dose 1 consists of 12 tablets and 16 oz of water
- Dose 2 consists of 12 tablets and 16 oz of water
- Each dose is followed by two additional 16 oz of water



■ SUPREP®* (split-dose regimen)¹⁴

Two SUPREP doses are required for a complete preparation:

- Each dose consists of 6 oz of SUPREP liquid mixed with 10 oz of water
- Each dose is followed by two additional 16 oz of water



■ Plenvu®† (split-dose regimen)¹⁵

Two Plenvu doses are required for a complete preparation:

- Dose 1 consists of approximately 16 oz of Plenvu solution (112-g packet mixed with water)
- Dose 2 consists of approximately 16 oz of Plenvu solution (100-g packet mixed with water)
- Each dose is followed by at least 16 oz of clear liquid



■ Clenpiq®‡ (split-dose regimen)¹⁶

Two Clenpiq doses are required for a complete preparation:

- Dose 1 consists of one 5.4-oz bottle of Clenpiq solution followed by five or more 8-oz cups of clear liquid consumed within a 5-hour period and before bedtime
- Dose 2 consists of one 5.4-oz bottle of Clenpiq solution followed by four or more 8-oz cups of clear liquid, to be finished 2 hours before the colonoscopy



■ Standard 4-Liter Prep[§] (day-before regimen)¹⁷

Single dose consists of approximately 135 oz of solution (divided into approximately seventeen 8-oz servings) consumed within a 4-hour period



■ MiraLAX®|| + Gatorade®¶ (split-dose regimen)¹⁸

Two doses are required for a complete preparation:

- Dose 1 consists of 2 Dulcolax®** tablets followed by 33.8 oz of Gatorade mixed with 119 g of MiraLAX
- Dose 2 consists of 33.8 oz of Gatorade mixed with 119 g of MiraLAX



Bottles, tablets, and packaging not shown actual size.

*SUFLAVE, SUTAB, and SUPREP are trademarks of Braintree Laboratories, Inc. †PLENVU is a registered trademark of Velinor AG. ‡Clenpiq is a trademark of Ferring B.V. §Standard 4-Liter Prep (sulfate-free PEG electrolyte lavage solution). ||MiraLAX is a registered trademark of Bayer HealthCare, LLC.

¶Gatorade is a registered trademark of Stokely-Van Camp, Inc. **Dulcolax is a registered trademark of A. Nattermann & Cie GmbH.

References: 1. SUFLAVE [package insert]. Braintree, MA: Braintree Laboratories, Inc. 13. SUTAB [package insert]. Braintree, MA: Braintree Laboratories, Inc. 14. SUPREP Bowel Prep Kit [package insert]. Braintree, MA: Braintree Laboratories, Inc. 15. Plenvu [package insert]. Bridgewater, NJ: Bausch Health LLC. 16. Clenpiq [package insert]. Parsippany, NJ: Ferring Pharmaceuticals, Inc. 17. Rex DK, Di Palma JA, Rodriguez R, et al. A randomized clinical study comparing reduced volume oral sulfate solution with standard 4-liter sulfate-free electrolyte lavage solution as preparation for colonoscopy. *Gastrointest Endosc.* 2010;72(2):328-336. doi:10.1016/j.gie.2010.03.1054 18. Matro R, Daskalakis C, Negoianu D, et al. Randomised clinical trial: polyethylene glycol 3350 with sports drink vs. polyethylene glycol with electrolyte solution as purgatives for colonoscopy—the incidence of hyponatraemia. *Aliment Pharmacol Ther.* 2014;40(6):610-619. doi:10.1111/apt.12884

IMPORTANT SAFETY INFORMATION

INDICATION

SUFLAVE™ (polyethylene glycol 3350, sodium sulfate, potassium chloride, magnesium sulfate, and sodium chloride for oral solution) is an osmotic laxative indicated for cleansing of the colon in preparation for colonoscopy in adults.

DOSAGE AND ADMINISTRATION

A low residue breakfast may be consumed on the day before colonoscopy, followed by clear liquids up to 2 hours prior to colonoscopy. Administration of two doses of SUFLAVE are required for a complete preparation for colonoscopy. Each bottle must be reconstituted with water before ingestion. Each bottle and one flavor enhancing packet are equivalent to one dose. An additional 16 ounces of water must be consumed after each dose. Stop consumption of all fluids at least 2 hours before the 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 SUFLAVE.

WARNINGS AND PRECAUTIONS

Risk of fluid and electrolyte abnormalities: Encourage adequate hydration, assess concurrent medications and consider laboratory assessments prior to and after each use; Cardiac arrhythmias: Consider pre-dose and post-colonoscopy ECGs in patients at increased risk; Seizures: Use caution in patients with a history of seizures and patients at increased risk of seizures, including medications that lower the seizure threshold; Colonic mucosal ulcerations: Consider potential for mucosal ulcerations when interpreting colonoscopy findings in patients with known or suspected inflammatory bowel disease; Patients with renal impairment or taking concomitant medications that affect renal function: Use caution, ensure adequate hydration and consider laboratory testing; Suspected GI obstruction or perforation: Rule out the diagnosis before administration; Patients at risk for aspiration: Observe during administration; Hypersensitivity reactions, including anaphylaxis: Inform patients to seek immediate medical care if symptoms occur.

ADVERSE REACTIONS

Most common adverse reactions ($\geq 2\%$) are: nausea, abdominal distension, vomiting, abdominal pain, and headache.

DRUG INTERACTIONS

Drugs that increase risk of fluid and electrolyte imbalance.

Please see accompanying Full Prescribing Information and Medication Guide.

14 SUFLAVE FACTS

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Facts from the **phase 3** clinical trial

Successful Bowel Cleansing*



Neutral to Very Pleasant Perception of Taste



Excellent to Good Overall Experience



0 10 20 30 40 50 60 70 80 90 100
 Percent of Patients

Taste⁵

- Patients taking SUPREP Bowel Prep Kit were twice as likely to rate the taste of the preparation as *very or quite unpleasant* compared with **SUFLAVE**: 46% vs 21%, respectively; $P < 0.001^5$

Efficacy^{1,5}

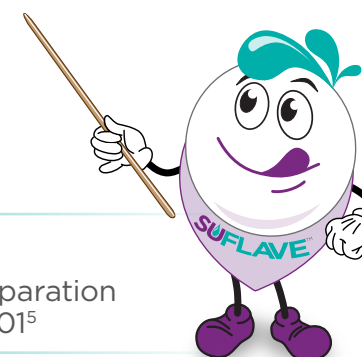
- **SUFLAVE** provided equivalent cleansing to SUPREP Bowel Prep Kit: 94% vs 94%, respectively^{1,5}
 - Blinded central readers rated **SUFLAVE** cleansing success higher than SUPREP Bowel Prep Kit: 98% vs 94%; $P = 0.023^5$

Tolerability⁵

- 79% vs 53% of **SUFLAVE** vs SUPREP Bowel Prep Kit patients, respectively, found the taste neutral to very pleasant; $P < 0.001^5$

Patient Experience⁵

- 74% vs 59% of **SUFLAVE** vs SUPREP Bowel Prep Kit patients, respectively, rated their experience as excellent to good; $P < 0.001^5$



Study Design^{1,5}: This phase 3 trial was conducted in multiple sites. Of the 500 subjects who enrolled, 450 were evaluable for efficacy analyses. The primary endpoint was the percentage of subjects with successful cleansing, which was defined as a rating of excellent or good as assigned by the local endoscopist utilizing the US FDA Bowel Prep Scoring Scale. Independent central readers also reviewed all colonoscopy videos and provided a global cleansing grade, as well as segmental grades, on insertion and withdrawal using a 4-point scale of excellent, good, fair, and poor. The goal of the study was to establish non-inferiority of SUFLAVE to SUPREP Bowel Prep Kit, using a 10% non-inferiority margin.

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What does each kit contain?

- 2** bottles (1 L each) containing powder for reconstitution
- 2** flavor-enhancing packets
- 1** patient booklet, which includes:
 - Instructions for Use
 - Full Prescribing Information
 - Medication Guide



Bottles, tablets, and packaging not shown actual size.

References

1. SUFLAVE [package insert]. Braintree, MA: Braintree Laboratories, Inc.
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94%

of patients achieved **successful bowel cleansing** with **SUFLAVE**^{1,5}

Tolerability

87%

of patients found **SUFLAVE tolerable** to **very easy** to consume⁵

- Rates of GI adverse events were <8%⁴
- Less vomiting occurred in patients taking **SUFLAVE** than SUPREP® Bowel Prep Kit⁴

Taste

79%

of patients found the taste of **SUFLAVE** neutral to very pleasant⁵

THE MAJORITY OF PATIENTS SAID SUFLAVE TASTES LIKE A SPORTS DRINK⁵

Patient Preference⁴

80%

of **SUFLAVE** patients would request it again for a subsequent colonoscopy⁵



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