

**HIGHLIGHTS OF PRESCRIBING INFORMATION**

These highlights do not include all the information needed to use TRULANCE safely and effectively. See full prescribing information for [TRULANCE](#).

TRULANCE (plecanatide) tablets, for oral use  
Initial U.S. Approval: 2017

**WARNING: RISK OF SERIOUS DEHYDRATION IN PEDIATRIC PATIENTS**  
*See full prescribing information for complete boxed warning.*

- TRULANCE is contraindicated in patients less than 6 years of age; in young juvenile mice, plecanatide caused death due to dehydration. (4, 8.4)
- Avoid use of TRULANCE in patients 6 years to less than 18 years of age. (5.1, 8.4)
- The safety and effectiveness of TRULANCE have not been established in patients less than 18 years of age. (8.4)

**INDICATIONS AND USAGE**

TRULANCE is a guanylate cyclase-C agonist indicated in adults for treatment of chronic idiopathic constipation (CIC). (1)

**DOSAGE AND ADMINISTRATION**

The recommended adult dosage of TRULANCE is 3 mg taken orally once daily. (2.1)

Administration Instructions (2.2):

- Take with or without food.

- Swallow tablets whole.
- For patients who have difficulty swallowing tablets whole or those with a nasogastric or gastric feeding tube, see full prescribing information with instructions for crushing the tablet and administering with applesauce or water.

**DOSAGE FORMS AND STRENGTHS**

Tablets: 3 mg (3)

**CONTRAINDICATIONS**

- Patients less than 6 years of age due to the risk of serious dehydration. (4, 5.1, 8.4)
- Patients with known or suspected mechanical gastrointestinal obstruction. (4)

**WARNINGS AND PRECAUTIONS**

Diarrhea: Patients may experience severe diarrhea. If severe diarrhea occurs, suspend dosing and rehydrate the patient. (5.2)

**ADVERSE REACTIONS**

Most common adverse reaction (≥2%) is diarrhea. (6.1)

To report SUSPECTED ADVERSE REACTIONS, contact Synergy Pharmaceuticals at 1-888-869-8869 or FDA at 1-800-FDA-1088 or [www.fda.gov/medwatch](http://www.fda.gov/medwatch).

See 17 for PATIENT COUNSELING INFORMATION and Medication Guide.

Revised: 01/2017

**FULL PRESCRIBING INFORMATION: CONTENTS\***

**WARNING: RISK OF SERIOUS DEHYDRATION IN PEDIATRIC PATIENTS**

- 1 INDICATIONS AND USAGE
- 2 DOSAGE AND ADMINISTRATION
  - 2.1 Recommended Dosage
  - 2.2 Preparation and Administration Instructions
- 3 DOSAGE FORMS AND STRENGTHS
- 4 CONTRAINDICATIONS
- 5 WARNINGS AND PRECAUTIONS
  - 5.1 Risk of Serious Dehydration in Pediatric Patients
  - 5.2 Diarrhea
- 6 ADVERSE REACTIONS
  - 6.1 Clinical Trials Experience
- 8 USE IN SPECIFIC POPULATIONS

- 8.1 Pregnancy
- 8.2 Lactation
- 8.4 Pediatric Use
- 8.5 Geriatric Use

- 11 DESCRIPTION
- 12 CLINICAL PHARMACOLOGY
  - 12.1 Mechanism of Action
  - 12.2 Pharmacodynamics
  - 12.3 Pharmacokinetics
- 13 NONCLINICAL TOXICOLOGY
  - 13.1 Carcinogenesis, Mutagenesis, Impairment of Fertility
- 14 CLINICAL STUDIES
- 16 HOW SUPPLIED/STORAGE AND HANDLING
- 17 PATIENT COUNSELING INFORMATION

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

## FULL PRESCRIBING INFORMATION

### WARNING: RISK OF SERIOUS DEHYDRATION IN PEDIATRIC PATIENTS

- TRULANCE is contraindicated in patients less than 6 years of age; in nonclinical studies in young juvenile mice administration of a single oral dose of plecanatide caused deaths due to dehydration [see *Contraindications (4)*, *Use in Specific Populations (8.4)*].
- Avoid use of TRULANCE in patients 6 years to less than 18 years of age [see *Warnings and Precautions (5.1)*, *Use in Specific Populations (8.4)*].
- The safety and effectiveness of TRULANCE have not been established in patients less than 18 years of age [see *Use in Specific Populations (8.4)*].

## 1 INDICATIONS AND USAGE

TRULANCE is indicated in adults for the treatment of chronic idiopathic constipation (CIC).

## 2 DOSAGE AND ADMINISTRATION

### 2.1 Recommended Dosage

The recommended dosage of TRULANCE is 3 mg taken orally once daily.

### 2.2 Preparation and Administration Instructions

- Take TRULANCE with or without food [see *Clinical Pharmacology (12.3)*].
- If a dose is missed, skip the missed dose and take the next dose at the regular time. Do not take two doses at the same time.
- Swallow a tablet whole for each dose.
- For adult patients with swallowing difficulties, TRULANCE tablets can be crushed and administered orally either in applesauce or with water or administered with water via a nasogastric or gastric feeding tube. Mixing TRULANCE crushed tablets in other soft foods or in other liquids has not been tested.

#### Oral Administration in Applesauce:

1. In a clean container, crush the TRULANCE tablet to a powder and mix with 1 teaspoonful of room temperature applesauce.
2. Consume the entire tablet-applesauce mixture immediately. Do not store the mixture for later use.

#### Oral Administration in Water:

1. Place the TRULANCE tablet in a clean cup.
2. Pour approximately 30 mL of room temperature water into the cup.
3. Mix by gently swirling the tablet and water mixture for at least 10 seconds. The TRULANCE tablet will fall apart in the water.
4. Swallow the entire contents of the tablet water mixture immediately.
5. If any portion of the tablet is left in the cup, add another 30 mL of water to the cup, swirl for at least 10 seconds, and swallow immediately.
6. Do not store the tablet-water mixture for later use.

#### Administration with Water via a Nasogastric or Gastric Feeding Tube:

1. Place the TRULANCE tablet in a clean cup with 30 mL of room temperature water.
2. Mix by gently swirling the tablet and water mixture for at least 15 seconds. The TRULANCE tablet will fall apart in the water.
3. Flush the nasogastric or gastric feeding tube with 30 mL of water using an appropriate syringe.

4. Draw up the mixture using the syringe and immediately administer via the nasogastric or gastric feeding tube. Do not reserve for future use.
5. If any portion of the tablet is left in the cup, add another 30 mL of water to the cup, swirl for at least 15 seconds, and using the same syringe, administer via the nasogastric or gastric feeding tube.
6. Using the same or a fresh syringe, flush the nasogastric or gastric feeding tube with at least 10 mL of water.

### **3 DOSAGE FORMS AND STRENGTHS**

TRULANCE Tablets:

3 mg: white to off-white, plain, round tablet debossed with “SP” on one side and “3” for 3 mg on the other side.

### **4 CONTRAINDICATIONS**

TRULANCE is contraindicated in:

- Patients less than 6 years of age due to the risk of serious dehydration [*see Warnings and Precautions (5.1), Use in Specific Populations (8.4)*].
- Patients with known or suspected mechanical gastrointestinal obstruction.

### **5 WARNINGS AND PRECAUTIONS**

#### **5.1 Risk of Serious Dehydration in Pediatric Patients**

TRULANCE is contraindicated in patients less than 6 years of age. The safety and effectiveness of TRULANCE in patients less than 18 years of age have not been established. In young juvenile mice (human age equivalent of approximately 1 month to less than 2 years), plecanatide increased fluid-secretion into the intestines as a consequence of stimulation of guanylate cyclase-C (GC-C), resulting in mortality in some mice within the first 24 hours, apparently due to dehydration. Due to increased intestinal expression of GC-C, patients less than 6 years of age may be more likely than patients 6 years of age and older to develop severe diarrhea and its potentially serious consequences.

Avoid the use of TRULANCE in patients 6 years to less than 18 years of age. Although there were no deaths in older juvenile mice, given the deaths in younger mice and the lack of clinical safety and efficacy data in pediatric patients, avoid the use of TRULANCE in patients 6 years to less than 18 years of age [*see Contraindications (4), Warnings and Precautions (5.2), Use in Specific Populations (8.4)*].

#### **5.2 Diarrhea**

Diarrhea was the most common adverse reaction in the two placebo-controlled clinical trials. Severe diarrhea was reported in 0.6% of patients [*see Adverse Reactions (6.1)*]. If severe diarrhea occurs, suspend dosing and rehydrate the patient.

### **6 ADVERSE REACTIONS**

#### **6.1 Clinical Trials Experience**

Because clinical studies are conducted under widely varying conditions, adverse reaction rates observed in the clinical trials of a drug cannot be directly compared with rates in the clinical trials of another drug and may not reflect the rates observed in practice.

The safety data described below reflect data from 1733 adult patients with CIC randomized in two double-blind, placebo-controlled clinical trials (Study 1 and Study 2) to receive placebo or 3 mg of TRULANCE once daily for 12 weeks. Demographic characteristics were comparable between the TRULANCE and placebo groups [*see Clinical Studies (14)*].

## Most Common Adverse Reactions

Table 1 provides the incidence of adverse reactions reported in at least 2% of CIC patients in the TRULANCE-treated group and at an incidence that was greater than in the placebo group.

**Table 1: Most Common Adverse Reactions\* in Two Placebo-Controlled Trials of TRULANCE [Study 1 and Study 2] in Patients with CIC**

Adverse Reaction	TRULANCE, 3 mg (N = 863) %	Placebo (N = 870) %
Diarrhea	5	1

\* reported in at least 2% of TRULANCE-treated patients and at an incidence greater than placebo

### *Diarrhea*

The majority of reported cases of diarrhea occurred within 4 weeks of treatment initiation. Severe diarrhea was reported in 0.6% of TRULANCE-treated patients compared to 0.3% of placebo-treated patients. Severe diarrhea was reported to occur within the first 3 days of treatment [see *Warnings and Precautions (5.2)*].

### Adverse Reactions Leading to Discontinuation

Discontinuations due to adverse reactions occurred in 4% of TRULANCE-treated patients and 2% of placebo-treated patients. The most common adverse reaction leading to discontinuation was diarrhea: 2% of TRULANCE-treated patients and 0.5% of placebo-treated patients withdrew due to diarrhea.

### Less Common Adverse Reactions

Adverse reactions reported in less than 2% of TRULANCE-treated patients and at an incidence greater than placebo were: sinusitis, upper respiratory tract infection, abdominal distension, flatulence, abdominal tenderness, and increased liver biochemical tests (2 patients with alanine aminotransferase (ALT) greater than 5 to 15 times the upper limit of normal and 3 patients with aspartate aminotransferase (AST) greater than 5 times the upper limit of normal).

## 8 USE IN SPECIFIC POPULATIONS

### 8.1 Pregnancy

#### Risk Summary

Plecanatide and its active metabolite are negligibly absorbed systemically following oral administration [see *Clinical Pharmacology (12.3)*] and maternal use is not expected to result in fetal exposure to the drug. The available data on TRULANCE use in pregnant women are not sufficient to inform any drug-associated risks for major birth defects and miscarriage. In animal developmental studies, no effects on embryo-fetal development were observed with oral administration of plecanatide in mice and rabbits during organogenesis at doses much higher than the recommended human dosage.

The estimated background risk of major birth defects and miscarriage for the indicated population is unknown. All pregnancies have a background risk of birth defect, loss, or other adverse outcomes. In the United States 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.

#### Data

##### *Animal Data*

Pregnant mice and rabbits were administered plecanatide during the period of organogenesis. There was no evidence of harm to embryo-fetal development at oral doses up to 800 mg/kg/day in mice and 250 mg/kg/day in

rabbits. Oral administration of up to 600 mg/kg/day in mice during organogenesis through lactation produced no developmental abnormalities or effects on growth, learning and memory, or fertility in the offspring through maturation.

The maximum recommended human dose is approximately 0.05 mg/kg/day, based on a 60-kg body weight. Limited systemic exposure to plecanatide was achieved in animals during organogenesis (area under the plasma concentration-time curve ( $AUC_t$ ) = 449 ng•h/mL in rabbits given 250 mg/kg/day). Plecanatide and its active metabolite are not measurable in human plasma following administration of the recommended clinical dosage. Therefore, animal and human doses should not be compared directly for evaluating relative exposure.

## 8.2 Lactation

### Risk Summary

There is no information regarding the presence of plecanatide in human milk, or its effects on milk production or the breastfed infant. No lactation studies in animals have been conducted. Plecanatide and its active metabolite are negligibly absorbed systemically following oral administration [*see Clinical Pharmacology (12.3)*].

It is unknown whether the negligible systemic absorption of plecanatide by adults will result in a clinically relevant exposure to breastfed infants. Exposure to plecanatide in breastfed infants has the potential for serious adverse effects [*see Use in Special Populations (8.4)*]. The developmental and health benefits of breastfeeding should be considered along with the mother's clinical need for TRULANCE and any potential adverse effects on the breastfed infant from TRULANCE or from the underlying maternal condition.

## 8.4 Pediatric Use

TRULANCE is contraindicated in pediatric patients less than 6 years of age. Avoid use of TRULANCE in patients 6 years to less than 18 years of age [*see Contraindications (4), Warnings and Precautions (5.1)*]. The safety and effectiveness of TRULANCE in patients less than 18 years of age have not been established.

In nonclinical studies, deaths occurred within 24 hours in young juvenile mice (human age equivalent of approximately 1 month to less than 2 years) following oral administration of plecanatide, as described below in Juvenile Animal Toxicity Data. Because of increased intestinal expression of GC-C, patients less than 6 years of age may be more likely than patients 6 years of age and older to develop diarrhea and its potentially serious consequences. TRULANCE is contraindicated in patients less than 6 years of age. Given the deaths in young juvenile mice and the lack of clinical safety and efficacy data in pediatric patients, avoid the use of TRULANCE in patients 6 years to less than 18 years of age.

### Juvenile Animal Toxicity Data

Single oral doses of plecanatide at 0.5 mg/kg and 10 mg/kg caused mortality in young juvenile mice on postnatal days 7 and 14, respectively (human age equivalent of approximately 1 month to less than 2 years). Treatment-related increases in the weight of intestinal contents were observed in juvenile mice following single doses of plecanatide on postnatal day 14 (human age equivalent of approximately less than 2 years), consistent with increased fluid in the intestinal lumen. Although the recommended human dose is approximately 0.05 mg/kg/day, based on a 60-kg body weight, plecanatide and its active metabolite are not measurable in adult human plasma, whereas systemic absorption was demonstrated in the juvenile animal toxicity studies. Animal and human doses should not be compared directly for evaluating relative exposure.

## 8.5 Geriatric Use

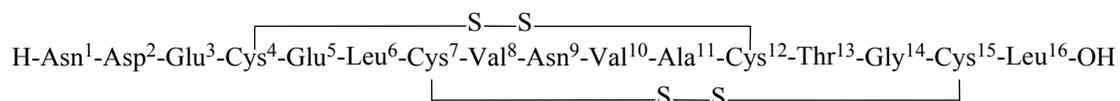
Clinical studies of TRULANCE did not include sufficient numbers of patients aged 65 and over to determine whether they respond differently from patients 18 years to less than 65 years of age. Of 2601 subjects in clinical trials of TRULANCE, 273 (10%) were 65 years of age and over, and 47 (2%) were 75 years and over.

In general, dose selection for an elderly patient should be cautious, reflecting the greater frequency of decreased hepatic, renal, or cardiac function, and of concomitant disease or other drug therapy.

## 11 DESCRIPTION

TRULANCE (plecanatide) is a guanylate cyclase-C (GC-C) agonist. Plecanatide is a 16 amino acid peptide with the following chemical name: L-Leucine, L-asparaginyl-L- $\alpha$ -aspartyl-L- $\alpha$ -glutamyl-L-cysteinyl-L- $\alpha$ -glutamyl-L-leucyl-L-cysteinyl-L-valyl-L-asparaginyl-L-valyl-L-alanyl-L-cysteinyl-L-threonylglycyl-L-cysteinyl-, cyclic (4 $\rightarrow$ 12),(7 $\rightarrow$ 15)-bis(disulfide).

The molecular formula of plecanatide is C<sub>65</sub>H<sub>104</sub>N<sub>18</sub>O<sub>26</sub>S<sub>4</sub> and the molecular weight is 1682 Daltons. The amino acid sequence for plecanatide is shown below:



The solid lines linking cysteines illustrate disulfide bridges.

Plecanatide is an amorphous, white to off-white powder. It is soluble in water. TRULANCE tablets are supplied as a 3 mg tablet for oral administration. The inactive ingredients are magnesium stearate and microcrystalline cellulose.

## 12 CLINICAL PHARMACOLOGY

### 12.1 Mechanism of Action

Plecanatide is structurally related to human uroguanylin, and similar to uroguanylin, plecanatide functions as a guanylate cyclase-C (GC-C) agonist. Both plecanatide and its active metabolite bind to GC-C and act locally on the luminal surface of the intestinal epithelium. Activation of GC-C results in an increase in both intracellular and extracellular concentrations of cyclic guanosine monophosphate (cGMP). Elevation of intracellular cGMP stimulates secretion of chloride and bicarbonate into the intestinal lumen, mainly through activation of the cystic fibrosis transmembrane conductance regulator (CFTR) ion channel, resulting in increased intestinal fluid and accelerated transit. In animal models, plecanatide has been shown to increase fluid secretion into the gastrointestinal (GI) tract, accelerate intestinal transit, and cause changes in stool consistency.

In an animal model of visceral pain, plecanatide reduced abdominal muscle contractions, a measure of intestinal pain. The mechanism has not been studied.

### 12.2 Pharmacodynamics

#### Food Effect

Subjects who received either a low-fat, low calorie (LF-LC) meal or a high fat, high calorie (HF-HC) meal reported looser stools than fasted subjects up to 24 hours after a single dose of TRULANCE 9 mg (3 times the recommended dose). In clinical studies, TRULANCE was administered with or without food [*see Dosage and Administration (2.2)*].

## 12.3 Pharmacokinetics

### Absorption

Plecanatide is minimally absorbed with negligible systemic availability following oral administration. Concentrations of plecanatide and its active metabolite in plasma are below the limit of quantitation after an oral TRULANCE dose of 3 mg. Therefore, standard pharmacokinetic parameters such as AUC, maximum concentration ( $C_{max}$ ), and half-life ( $t_{1/2}$ ) cannot be calculated.

### *Food Effect*

In a crossover study, 24 healthy subjects were given a single dose of TRULANCE 9 mg (3 times the recommended dose) in 3 different states: fasted; following a low-fat, low-calorie meal (LF-LC; approximately 350 calories: 17% from fat, 66% from carbohydrate, and 17% from protein); and following a high-fat, high-calorie meal (HF-HC; approximately 1000 calories: 60% from fat, 25% from carbohydrate, and 15% from protein). Plecanatide was detected in 1 subject (fasted state) at 0.5 and 1 hour post dose. Plecanatide concentrations were below the limit of quantitation for all other time points and for all other subjects. The active metabolite was not detected in any subject.

### Distribution

Given that plecanatide concentrations following clinically relevant oral doses are not measurable, plecanatide is expected to be minimally distributed in tissues. Oral plecanatide is localized to the GI tract where it exerts its effects as a GC-C agonist with negligible systemic exposure. Plecanatide exhibits little to no binding to human serum albumin or human  $\alpha$ -1-acid glycoprotein.

### Elimination

#### *Metabolism*

Plecanatide is metabolized in the GI tract to an active metabolite by loss of the terminal leucine moiety. Both plecanatide and the metabolite are proteolytically degraded within the intestinal lumen to smaller peptides and naturally occurring amino acids.

#### *Excretion*

No excretion studies have been conducted in humans. Plecanatide and its active metabolite are not measurable in plasma following administration of the recommended clinical doses.

### Drug Interaction Studies

Neither plecanatide nor its active metabolite inhibited the cytochrome P450 (CYP) enzymes 2C9 and 3A4, and they did not induce CYP3A4 *in vitro*.

Plecanatide and its active metabolite are neither substrates nor inhibitors of the transporters P-glycoprotein (P-gp) or breast cancer resistance protein (BCRP) *in vitro*.

## 13 NONCLINICAL TOXICOLOGY

### 13.1 Carcinogenesis, Mutagenesis, Impairment of Fertility

#### Carcinogenesis

The carcinogenic potential of plecanatide was assessed in 2-year carcinogenicity studies in mice and rats. Plecanatide was not tumorigenic in mice at oral doses up to 90 mg/kg/day or in rats at oral doses up to 100 mg/kg/day. Limited systemic exposure to plecanatide was achieved at the tested dose levels in animals, whereas no detectable exposure occurred in humans. Therefore, animal and human doses should not be compared directly for evaluating relative exposure.

## Mutagenesis

Plecanatide was not genotoxic in the *in vitro* bacterial reverse mutation (Ames) assay, *in vitro* mouse lymphoma mutation assay, or the *in vivo* mouse bone marrow micronucleus assay.

## Impairment of Fertility

Plecanatide had no effect on fertility or reproductive function in male or female mice at oral doses of up to 600 mg/kg/day.

## **14 CLINICAL STUDIES**

The efficacy of TRULANCE for the management of symptoms of CIC was established in two 12-week, double-blind, placebo-controlled, randomized, multicenter clinical studies in adult patients (Study 1 and Study 2). In the Intention-to-Treat (ITT) population, a total of 905 patients (Study 1) and 870 patients (Study 2) were randomized 1:1 to either placebo or TRULANCE 3 mg, once daily. In clinical studies, study medication was administered without respect to food intake. Demographics for these studies included an overall mean age of 45 years (range 18 to 80 years), 80% female, 72% white, and 24% black.

To be eligible for the studies, patients were required to meet modified Rome III criteria for at least 3 months prior to the screening visit, with symptom onset for at least 6 months prior to diagnosis. Rome III criteria were modified to require that patients report less than 3 defecations per week, rarely have a loose stool without the use of laxatives, not use manual maneuvers to facilitate defecations, and not meet criteria for IBS-C. In addition, patients were required to report at least two of the following symptoms:

- Straining during at least 25% of defecations
- Lumpy or hard stool in at least 25% of defecations
- Sensation of incomplete evacuations for at least 25% of defecations
- Sensation of anorectal obstruction/blockage for at least 25% of defecations

Patients who met these criteria were also required to demonstrate the following during the last 2 weeks of the screening period:

- Less than 3 complete spontaneous bowel movements (CSBMs) (a CSBM is an SBM that is associated with a sense of complete evacuation) in each of the two weeks
- Bristol Stool Form Scale (BSFS) of 6 or 7 in less than 25% of spontaneous bowel movements (SBMs) (an SBM is a bowel movement occurring in the absence of laxative use)
- One out of the following three:
  - BSFS of 1 or 2 in at least 25% of defecations
  - A straining value recorded on at least 25% of days when a BM was reported
  - At least 25% of BMs result in a sense of incomplete evacuation

The efficacy of TRULANCE was assessed using a responder analysis and change-from-baseline in CSBM and SBM endpoints. Efficacy was assessed using information provided by patients on a daily basis in an electronic diary.

A responder was defined as a patient who had a least 3 CSBMs in a given week and an increase of at least 1 CSBM from baseline in the same week for at least 9 weeks out of the 12 week treatment period and at least 3 of the last 4 weeks of the study. The responder rates are shown in [Table 2](#).

**Table 2: Efficacy Responder Rates in the Two Placebo Controlled Studies of CIC: at least 9 of 12 weeks and at least 3 of the last 4 weeks (ITT Population)**

Study 1			
	TRULANCE 3 mg N = 453	Placebo N = 452	Treatment Difference# [95% CI*]
Responder <sup>^</sup>	21%	10%	11% [6.1%, 15.4%]
Study 2			
	TRULANCE 3 mg N = 430	Placebo N = 440	Treatment Difference# [95% CI*]
Responder <sup>^</sup>	21%	13%	8% [2.6%, 12.4%]

\* CI = confidence interval

<sup>^</sup> primary endpoint defined as a patient who had a least 3 CSBMs in a given week and an increase of at least 1 CSBM from baseline in the same week for at least 9 weeks out of the 12 week treatment period and at least 3 of the last 4 weeks of the study

# p-value <0.005

In both studies, improvements in the frequency of CSBMs/week were seen as early as week 1 with improvement maintained through week 12. The difference between the TRULANCE group and the placebo group in the mean change of CSBMs/week frequency from baseline to week 12 was approximately 1.1 CSBMs/week.

Over the 12 week treatment period, improvements were observed in stool frequency (number of CSBMs/week and SBMs/week) and/or stool consistency (as measured by the BSFS), and/or in the amount of straining with bowel movements (amount of time pushing or physical effort to pass stool) in the TRULANCE group as compared to placebo.

Following completion of the study drug treatment period, patients continued to record data in the daily diary for a 2 week Post-Treatment Period. During this time, TRULANCE-treated patients generally returned to baseline for these study endpoints.

In Studies 1 and 2, a third randomized treatment arm of TRULANCE 6 mg once daily did not demonstrate additional treatment benefit and had a greater incidence of adverse reactions than TRULANCE 3 mg once daily. Therefore, TRULANCE 6 mg once daily is not recommended [see *Dosage and Administration (2.1)*].

## 16 HOW SUPPLIED/STORAGE AND HANDLING

TRULANCE tablets are packaged in an aluminum foil unit dose blister pack of 30 in a child-resistant pack or in a white, opaque, high-density polyethylene round bottle with a screw-top polypropylene child-resistant cap and heat-activated induction seal. Each bottle container-closure system also contains a desiccant and a polyester coil.

TRULANCE 3 mg tablets are white to off-white, plain and round, debossed with “SP” on one side and “3” for 3 mg on the other side and supplied as:

NDC Number	Size
70194-203-30	Bottle of 30
70194-003-30	Aluminum foil unit dose blister pack of 30 in a child-resistant pack

Store at room temperature, 20 to 25°C (68 to 77°F); excursions permitted to 15 to 30°C (59 to 86°F) [see USP Controlled Room Temperature].

Keep TRULANCE in a dry place. Protect from moisture. For bottles, keep TRULANCE in the original bottle. Do not remove desiccant from the bottle. Do not subdivide or repackage.

## **17 PATIENT COUNSELING INFORMATION**

Advise the patient to read the FDA-approved patient labeling (Medication Guide).

Advise Patients:

### Diarrhea

To stop TRULANCE and contact their healthcare provider if they experience severe diarrhea [see *Warnings and Precautions (5.2)*].

### Accidental Ingestion

Accidental ingestion of TRULANCE in children, especially in children less than 6 years of age, may result in severe diarrhea and dehydration. Instruct patients to take steps to store TRULANCE securely and out of reach of children and to dispose of unused TRULANCE [see *Contraindications (4), Warnings and Precautions (5.2)*].

### Administration and Handling Instructions

- To take TRULANCE once daily with or without food [see *Dosage and Administration (2.2)*].
- If a dose is missed, skip the missed dose and take the next dose at the regular time. Do not take two doses at the same time.
- To swallow TRULANCE tablets whole.
- If adult patients have swallowing difficulties, TRULANCE tablets can be crushed and administered orally in either applesauce or with water, or administered with water via a nasogastric or gastric feeding tube, as described in the Medication Guide.
- To keep TRULANCE in a dry place. Protect from moisture. For bottles, keep TRULANCE in the original bottle. Do not remove desiccant from the bottle. Do not subdivide or repackage. Remove and discard polyester coil after opening. Keep bottles closed tightly [see *How Supplied/Storage and Handling (16)*].

**TRULANCE™ is a trademark of Synergy Pharmaceuticals Inc.**

Manufactured for:

Synergy Pharmaceuticals Inc.  
420 Lexington Avenue, Suite 2012  
New York, New York 10170