PI POCKET

Trulance®
(plecanatide)


[a]Mean change from baseline in abdominal symptoms, including bloating, were measured as a secondary endpoint over 12 weeks in Phase III registrational trials.

**For adults with irritable bowel syndrome with constipation (IBS-C)[1]**

# Help Address the Symptoms of IBS-C with the Relief of Trulance

## MORE
Regular, well-formed **BOWEL MOVEMENTS**[1-3*]

## LESS
IBS-C related abdominal **PAIN** and **BLOATING**[1,3†]

*In 12-week clinical studies, more Trulance-treated patients had improvements in stool frequency (as measured by increased CSBMs, 21–48% Trulance vs 10–35% placebo) and consistency of bowel movements (as measured by mean increase in BSFS score, 1.5 Trulance vs 0.8–0.9 placebo). [1,2,4,5]

+Abdominal pain and constipation were components of the primary endpoint. Mean change from baseline in abdominal symptoms, including bloating, were measured as a secondary endpoint over 12 weeks in Phase III registrational trials. In clinical studies, more Trulance-treated patients were IBS-C abdominal pain responders (33–41%) compared to placebo (23–32%). Greater improvements in mean bloating score were also seen with Trulance (0.5–1.5) as compared to placebo (0.4–1.1).[1,2,4,5]

In clinical trials of IBS-C and CIC, there was a significantly greater percentage of efficacy responders in the Trulance group vs the placebo group at 12 weeks:[1,2,4]

- **IBS-C Studies 3 & 4 Primary Endpoint:** Overall efficacy responders: **30% & 21%** on Trulance vs **18% & 14%** on placebo ($P$<0.001); ($P$=0.009)[1,2ab]
- **CIC Studies 1 & 2 Primary Endpoint:** Efficacy responders: **21% & 21%** on Trulance vs **10% & 13%** on placebo ($P$<0.005); ($P$<0.005)[1,4,5a]

[a]Trulance-treated patients generally returned to baseline for these study endpoints during the post-treatment period.[1]
[b]A responder was defined as a patient who met both the abdominal pain and CSBM weekly responder criteria for at least 6 of the 12 weeks.[2]

BSFS, Bristol Stool Form Scale.

## Indication
Trulance (plecanatide) 3 mg tablets are indicated in adults for the treatment of Chronic Idiopathic Constipation (CIC) and Irritable Bowel Syndrome with Constipation (IBS-C).

## IMPORTANT SAFETY 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. Use of TRULANCE should be avoided in patients 6 years to less than 18 years of age. The safety and effectiveness of TRULANCE have not been established in patients less than 18 years of age.**

### Contraindications
- Trulance is contraindicated in patients less than 6 years of age due to the risk of serious dehydration.
- Trulance is contraindicated in patients with known or suspected mechanical gastrointestinal obstruction.

### 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 older patients to develop severe diarrhea and its potentially serious consequences.
- Use of Trulance should be avoided in patients 6 years to less than 18 years of age. Although there were no deaths in older juvenile mice, given the deaths in young mice and the lack of clinical safety and efficacy data in pediatric patients, use of TRULANCE should be avoided in patients 6 years to less than 18 years of age.

### Diarrhea
- Diarrhea was the most common adverse reaction in the four placebo-controlled clinical trials for CIC and IBS-C. Severe diarrhea was reported in 0.6% of Trulance-treated CIC patients, and in 1% of Trulance-treated IBS-C patients.
- If severe diarrhea occurs, suspend dosing and rehydrate the patient.

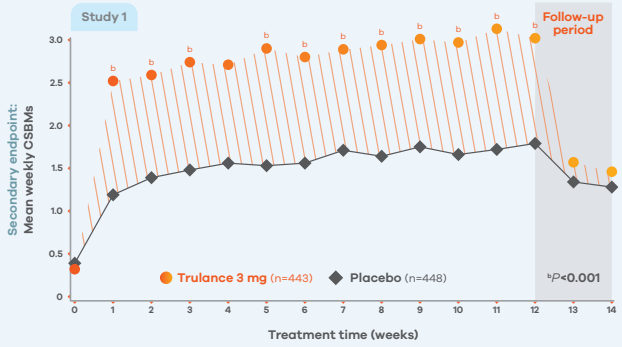
**Please see additional Important Safety Information on reverse side and accompanying full Prescribing Information, including BOXED Warning, in pocket.**

Trulance® (plecanatide)

# Trulance provides more regular, well-formed bowel movements with less IBS-C related abdominal pain and bloating[1-3*†]

## Significant improvement in weekly CSBM frequency—3 at week 12 vs 0.3 at baseline[4]

For adults with CIC




Study 2 demonstrated a similar change in mean weekly CSBM frequency from baseline through week 12 for Trulance vs placebo.[5]

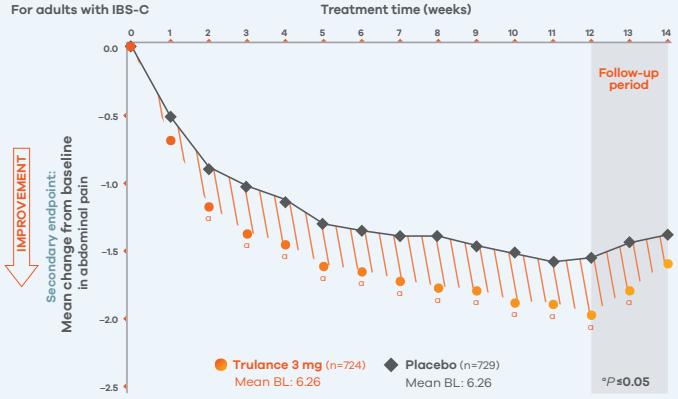
**CIC Study Design:** Trulance was studied in two 12-week, double-blind, placebo-controlled, randomized, multicenter clinical studies in 1775 adult patients who met Rome III criteria for CIC and were randomized 1:1 to either placebo (n=892) or Trulance 3 mg (n=883) once daily without respect to food. Efficacy was assessed using information provided by patients on a daily basis in an electronic diary.[1]

**Primary Endpoint:** The efficacy of Trulance was assessed using a responder analysis, where a responder was defined as a patient who had at 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 of the 12-week treatment period and at least 3 of the last 4 weeks of the study.[1]

Changes from baseline in mean weekly CSBM frequency in Study 1. Values are LS mean.[5]
Trulance-treated patients generally returned to baseline for these study endpoints during the post-treatment period.[1]

## Significant reduction in abdominal pain after first week of treatment sustained through 12-week treatment period[1,3]

For adults with IBS-C




Pooled analysis of both Phase III IBS-C trials.[3]

An abdominal pain intensity responder required a decrease in the weekly worst abdominal pain intensity (WAPI) score in the past 24 hours of ≥30% compared with weekly baseline average for at least 6 of the 12 treatment weeks.[1]

The severity of abdominal pain was assessed on an 11-point numeric rating scale from 0 (none) to 10 (worst possible).[1] Trulance-treated patients generally returned to baseline for these study endpoints during the post-treatment period.

**IBS-C Study Design:** Trulance was studied in two 12-week, double-blind, placebo-controlled, randomized, multicenter clinical studies in 1453 adult patients who met Rome III criteria for IBS-C and received placebo (n=729) or Trulance 3 mg (n=724) once daily without respect to food. Efficacy was assessed using information provided by patients on a daily basis through an electronic phone diary system.

**Primary Endpoint**: A responder was defined as a patient who met both the abdominal pain intensity and stool frequency responder criteria in the same week for at least 6 of the 12 treatment weeks, which were defined as an abdominal pain intensity responder (a patient who experienced a decrease in the weekly average score of worst abdominal pain in the past 24 hours [measured daily] of ≥30% compared with weekly baseline average) and stool frequency responder (a patient who experienced an increase of at least 1 CSBM per week from baseline).[1,2]

### Trulance improved key abdominal symptoms, including bloating†

*In 12-week clinical studies, more Trulance-treated patients had improvements in stool frequency (as measured by increased CSBMs, 21–48% Trulance vs 10–35% placebo) and consistency of bowel movements (as measured by mean increase in BSFS score, 1.5 Trulance vs 0.8–0.9 placebo).[1,2,4,6]

†Abdominal pain and constipation were components of the primary endpoint. Mean change from baseline in abdominal symptoms, including bloating, were measured as a secondary endpoint over 12 weeks in Phase III registrational trials. In clinical studies, more Trulance-treated patients were IBS-C abdominal pain responders (33–41%) compared to placebo (23–32%). Greater improvements in mean bloating score were also seen with Trulance (0.5–1.5) as compared to placebo (0.4–1.1).[1,2,4,6]
BSFS, Bristol Stool Form Scale; CSBM, complete spontaneous bowel movement; SBM, spontaneous bowel movement.

## IMPORTANT SAFETY INFORMATION (cont'd)

### Adverse Reactions

- In the two combined CIC clinical trials, the most common adverse reaction in Trulance-treated patients (incidence ≥2% and greater than in the placebo group) was diarrhea (5% vs 1% placebo).
- In the two combined IBS-C clinical trials, the most common adverse reaction in Trulance-treated patients (incidence ≥2% and greater than in the placebo group) was diarrhea (4.3% vs 1% placebo).

To report SUSPECTED ADVERSE REACTIONS, contact Salix Pharmaceuticals at 1-800-321-4576 or FDA at 1-800-FDA-1088 or fda.gov/medwatch.

**Please see additional Important Safety Information on reverse side and accompanying full Prescribing Information, including BOXED Warning, in pocket.**

**References: 1.** Trulance. Package Insert. Salix Pharmaceuticals; 2024. **2**. Brenner DM, Fogel R, Dorn SD, et al. Efficacy, safety, and tolerability of plecanatide in patients with irritable bowel syndrome with constipation: results of two phase 3 randomized clinical trials. *Am J Gastroenterol*. 2018;113(5):735-745. **3.** Brenner DM, Dorn SD, Fogel RP, Christie J, Laitman AP, Rosenberg J. Plecanatide improves symptoms of irritable bowel syndrome with constipation: results of an integrated efficacy and safety analysis of two phase 3 trials. *Int J Gen Med*. 2023;16:3769-3777. **4.** Miner PB Jr, Koltun WD, Wiener GJ, et al. A randomized phase III clinical trial of plecanatide, a uroguanylin analog, in patients with chronic idiopathic constipation. *Am J Gastroenterol*. 2017;112(4):613-621. **5**. DeMicco M, Barrow L, Hickey B, Shailubhai K, Griffin P. Randomized clinical trial: efficacy and safety of plecanatide in the treatment of chronic idiopathic constipation. *Therap Adv Gastroenterol*. 2017;10(11):837-851.

Salix Pharmaceuticals