



CLENPIQ®

(sodium picosulfate, magnesium oxide, and anhydrous citric acid) Oral Solution
10 mg/3.5 g/12 g per 175 mL bottle

YOUR CLENPIQ® JOURNEY

The importance of screening

Colorectal cancer screenings are recommended starting at 45 years old. Those diagnosed early have a 5-year survival rate of 91%.



Bowel preparations that are easier to complete may help increase the chances of colorectal cancer detection and prevention.

99%

OF PATIENTS IN A STUDY COMPLETED THE MAJORITY OF CLENPIQ*

*Majority was defined as <25% of the bowel prep remaining after dosing.



Prepping with CLENPIQ is easy to follow



LOW VOLUME



READY TO DRINK



SIMPLE INSTRUCTIONS

98%

OF PATIENTS IN A STUDY WOULD BE WILLING TO TAKE CLENPIQ AGAIN



Helpful resources

Visit clenpiq.com for our **CLENPIQ Dosing Assistant** and **Instructions For Use Video** for more information.



CLENPIQ provides savings support

Commercially insured and cash-paying patients may be eligible to pay as little as \$40.[†] Terms and conditions apply.

[DOWNLOAD COUPON](#)

[†]Plus applicable sales tax. Subject to eligibility and maximum benefit allowed.



You've got this

With a simple prep, you can feel more confident taking control of your health. We're here to help make the journey easier—from start to finish.

Learn more about a right way to start for a clean finish. Visit clenpiq.com.

Please see [Important Safety Information](#) and full [Prescribing Information](#).

INDICATION

CLENPIQ® oral solution is indicated for cleansing of the colon as a preparation for colonoscopy in adults and pediatric patients ages 9 years and older.

IMPORTANT SAFETY INFORMATION

CLENPIQ is contraindicated in the following conditions: patients with severe reduced renal impairment (creatinine clearance less than 30mL/minute), gastrointestinal obstruction or ileus, bowel perforation, toxic megacolon, gastric retention, or in patients with a known hypersensitivity to any of the ingredients in CLENPIQ.

• Patients should be advised to hydrate adequately (before, during and after use of CLENPIQ), and post-colonoscopy lab tests should be considered if a patient develops significant vomiting or signs of dehydration, including orthostatic hypotension, after taking CLENPIQ. Patients with electrolyte abnormalities should have them corrected before treatment. Use caution when prescribing CLENPIQ for patients that have conditions or are using medications that increase the risk for fluid and electrolyte disturbances.

• Use caution in patients who have conditions, or are taking concomitant medications that increase the risk for seizures, such as those taking medications that lower the seizure threshold, patients withdrawing from alcohol or benzodiazepines or patients with known or suspected hyponatremia.

• Use caution in patients with impaired renal function or taking medications that may affect renal function, as well as patients at increased risk of arrhythmias, including those patients with a history of prolonged QT, recent myocardial infarction, unstable angina, congestive heart failure, or cardiomyopathy.

• 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 additional stimulant laxatives with CLENPIQ may increase this risk.

• Use with caution in patients with severe active ulcerative colitis.

• Patients with impaired gag reflex are at risk for regurgitation or aspiration during administration of CLENPIQ. Observe these patients during administration of CLENPIQ.

• The most common adverse reactions reported in a clinical trial with CLENPIQ for colon cleansing in adults were nausea, headache, hypermagnesemia, abdominal pain, and dehydration or dizziness. The most common adverse reactions reported in a clinical trial of another sodium picosulfate, magnesium oxide and anhydrous citric acid product for colon cleansing in pediatric patients aged 9 to 16 years were nausea, vomiting and abdominal pain.

• CLENPIQ can reduce the absorption of co-administered drugs. Do not take oral medications within one hour of starting CLENPIQ. Administer tetracycline and fluoroquinolone antibiotics, iron, digoxin, chlorpromazine and penicillamine, at least 2 hours before and not less than 6 hours after administration of CLENPIQ to avoid chelation with magnesium.

You are encouraged to report negative side effects of prescription drugs to FDA. Visit www.FDA.gov/medwatch, or call 800.FDA.1088. Please see accompanying full [Prescribing Information](#).

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