



**PEZZONE GASTROENTEROLOGY
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Procedure date:

Arrival time:

Location:

Split-Dose Regimen

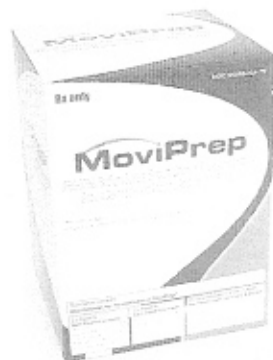
Bowel Preparation for Colonoscopy With Moviprep

Colonoscopy is a routine, generally safe procedure used to examine the colon. There are steps that you, the patient, must take before the procedure to ensure the highest level of safety and effectiveness.

- 1 Make arrangements to have someone drive you home after the procedure
 - Colonoscopy involves sedation, and you will not be allowed to leave unaccompanied
- 2 Follow your physician's instructions regarding medicines to avoid and diet to follow before your procedure
- 3 Finish the entire bowel prep regimen as described on the following page, unless otherwise directed by a physician

Moviprep is available at most retail pharmacy outlets. If your pharmacy does not have Moviprep in stock, it can be ordered and delivered within 24 hours.

Information for your pharmacist: NDC 65649-201-75



Moviprep®

(PEG-3350, Sodium Sulfate, Sodium Chloride, Potassium Chloride,
Sodium Ascorbate and Ascorbic Acid for Oral Solution)

Rx only

**Low-Volume Prep.
High-Volume Efficacy.**

Important Safety Information about MOVIPREP

MOVIPREP® (PEG-3350, sodium sulfate, sodium chloride, potassium chloride, sodium ascorbate and ascorbic acid for oral solution) is an osmotic laxative indicated for cleansing of the colon as a preparation for colonoscopy in adults 18 years of age or older. MOVIPREP is contraindicated in patients with gastrointestinal (GI) obstruction, bowel perforation, gastric retention, ileus, toxic colitis or toxic megacolon, and patients who have had a severe hypersensitivity reaction to any of its components. MOVIPREP should be used with caution in patients at risk of or with fluid and electrolyte abnormalities, hyponatremia, arrhythmias, seizures, in patients with impaired renal function or patients taking concomitant medications that affect renal function, patients with known or suspected inflammatory bowel disease, patients with suspected GI obstruction or perforation, patients at risk for aspiration, and patients with glucose-6-phosphate dehydrogenase deficiency. Most common adverse reactions for split dosing (incidence \geq 5%) are malaise, nausea, abdominal pain, vomiting, and upper abdominal pain. The most common adverse reactions for evening only dosing (incidence \geq 5%) are abdominal distension, anal discomfort, thirst, nausea, abdominal pain, sleep disorder, rigors, hunger, malaise, vomiting, and dizziness. MOVIPREP contains 2.33 mg of phenylalanine per treatment. Advise patients to hydrate adequately before, during, and after the use of MOVIPREP. Please see accompanying full Prescribing Information for Moviprep.

Patient Instructions—Split-Dose Regimen

The MoviPrep carton contains 4 pouches and a disposable container for mixing. You must complete the entire prep to ensure the most effective cleansing.

The evening before your colonoscopy beginning at: 6 pm

STEP 1 MIX FIRST DOSE

- Empty 1 Pouch A and 1 Pouch B into the disposable container
- Add lukewarm drinking water to the top line of the container. Mix to dissolve

If preferred, mix solution ahead of time and refrigerate prior to drinking. The reconstituted solution should be used within 24 hours.



STEP 2 DRINK FIRST DOSE

- The MoviPrep container is divided by 4 marks. Every 15 minutes, drink the solution down to the next mark (approximately 8 oz), until the full liter is consumed
- Drink 16 oz of the clear liquid of your choice. This is a necessary step to ensure adequate hydration and an effective prep



Clear liquids include water, ginger ale, apple juice, Gatorade[®], lemonade, and broth. No red or purple liquids.

Ask your doctor if you have any questions about whether a particular drink is acceptable.

The evening before your colonoscopy beginning at: 10pm to 12 midnight

STEP 3 MIX SECOND DOSE

- Empty 1 Pouch A and 1 Pouch B into the disposable container
- Add lukewarm drinking water to the top line of the container. Mix to dissolve

If preferred, mix solution ahead of time and refrigerate prior to drinking. The reconstituted solution should be used within 24 hours.



STEP 4 DRINK SECOND DOSE

- The MoviPrep container is divided by 4 marks. Every 15 minutes, drink the solution down to the next mark (approximately 8 oz), until the full liter is consumed
- Drink 16 oz of the clear liquid of your choice. This is a necessary step to ensure adequate hydration and an effective prep



A colonoscopy prep causes the body to lose a significant amount of fluid and can result in sickness due to dehydration. It's important that you prepare your body by drinking extra clear liquids before the prep. Stay hydrated by drinking all required clear liquids during the prep. Replenish your system by drinking clear liquids after returning home from your colonoscopy.

If you have any questions, please call our office at 724-503-4637

*Gatorade is a registered trademark of Quaker Oats Company, Inc., Chicago, IL.



Web site: www.moviprep.com 1700 Piedmont Park Drive, Overland Park, KS 66207 Tel: +1 866 694 5137 (TSP7)
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MoviPrep[®]

Low-Volume Prep. High-Volume Efficacy.

Low-Volume Prep.
High-Volume Efficacy.

Moviprep

(PEG-3350, Sodium Sulfate, Sodium Citrate, Potassium Chloride,
Sodium Ascorbate and Ascorbic Acid for Oral Solution)

Rx Only

Patient Mail-In Rebate Up to \$20.00 off*

TO RECEIVE YOUR REBATE

1. Coupon valid through December 31, 2011. Limit one (1) coupon per patient. This program is not to be used with any other offerings or promotions.
2. Please complete this original certificate including your phone number and e-mail address (reprinted or photocopied certificates will not be accepted). Mail the completed original certificate along with a copy of your pharmacy receipt (not the cash register receipt), that lists drug name, prescription number, date of fill, amount paid, and pharmacy name and telephone number.
3. Mail to: Salix \$20 Moviprep Rebate

MP2011
PO Box 426007
Del Rio, TX 78842-9007

*If eligible, you will either receive up to \$20.00 off the purchase price or off your insurance co-payment (whichever is less).

NAME _____

ADDRESS _____

CITY/STATE/ZIP _____

TELEPHONE _____

E-MAIL _____

Would you like to receive more cost-saving offers and valuable information from Salix? Yes No

PATIENT SIGNATURE _____

IMPORTANT SAFETY INFORMATION

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Please see reverse side for eligibility requirements and program limitations.

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