CONVENIENT DOSING WITH SYMPROIC

The PAMORA with more flexibility

Once daily  *(Tablet is actual size)*	Any time of day 
With or without laxatives 	With or without food 

PAMORA=peripherally acting mu-opioid receptor antagonist.

INDICATION

SYMPROIC® (naldemedine) is indicated for the treatment of opioid-induced constipation (OIC) in adult patients with chronic non-cancer pain, including patients with chronic pain related to prior cancer or its treatment who do not require frequent (e.g., weekly) opioid dosage escalation.

Important Safety Information

CONTRAINDICATIONS

- Patients with known or suspected gastrointestinal (GI) obstruction and patients at increased risk of recurrent obstruction, due to the potential for GI perforation.
- Patients with a history of a hypersensitivity reaction to naldemedine. Reactions have included bronchospasm and rash.

WARNINGS AND PRECAUTIONS

Cases of GI perforation have been reported with use of another peripherally acting opioid antagonist in patients with conditions that may be associated with localized or diffuse reduction of structural integrity in the wall of the GI tract. Monitor for the development of severe, persistent, or worsening abdominal pain; discontinue if this symptom develops.

Symptoms consistent with opioid withdrawal, including hyperhidrosis, chills, increased lacrimation, hot flush/flushing, pyrexia, sneezing, feeling cold, abdominal pain, diarrhea, nausea, and vomiting have occurred in patients treated with SYMPROIC®.

Patients having disruptions to the blood-brain barrier may be at increased risk for opioid withdrawal or reduced analgesia. Take into account the overall risk-benefit profile when using SYMPROIC® in such patients. Monitor for symptoms of opioid withdrawal in such patients.

DRUG INTERACTIONS

Avoid use with strong CYP3A inducers (e.g., rifampin) because they may reduce the efficacy of SYMPROIC®.

Use with moderate (e.g., fluconazole) and strong (e.g., itraconazole) CYP3A inhibitors and P-glycoprotein inhibitors (e.g., cyclosporine) may increase SYMPROIC® concentrations. Monitor for potential adverse reactions.

Avoid use of SYMPROIC® with another opioid antagonist due to the potential for additive effect and increased risk of opioid withdrawal.

Continued on reverse side.

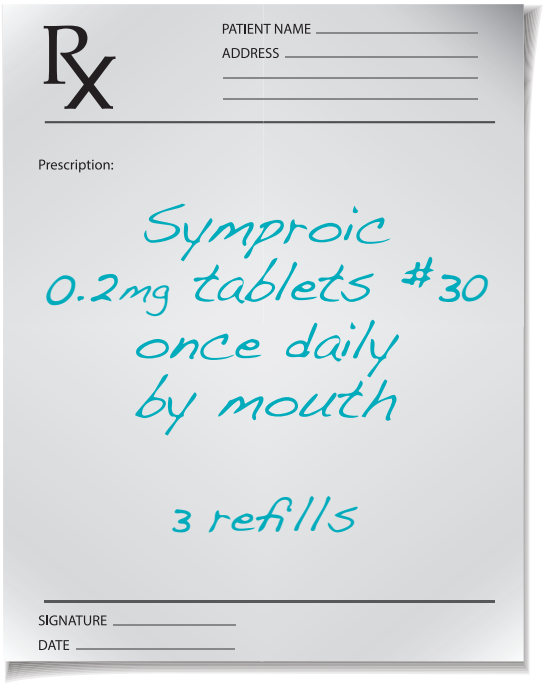
Symproic® (naldemedine) tablets 0.2 mg

Please see full Prescribing Information at SYMPROIC.com.

GO WITH IT

PRESCRIBING SYMPROIC

- The recommended dosage of Symproic is 0.2 mg orally once daily with or without food
- Alteration of analgesic dosing regimen prior to initiating Symproic is not required
- Patients receiving opioids for less than 4 weeks may be less responsive to Symproic
- Discontinue Symproic if treatment with the opioid pain medication is also discontinued
- Patients with mild, moderate, or severe renal disease, or end-stage renal disease requiring hemodialysis had similar pharmacokinetics to subjects with normal renal function
  - No dose adjustments of Symproic are required in patients with renal impairment
- No dose adjustments of Symproic are required in patients with mild or moderate hepatic impairment. Avoid use in patients with severe hepatic impairment



Reference: SYMPROIC [package insert]. Raleigh, NC: BioDelivery Sciences International, Inc.; 2019.

Important Safety Information

USE IN SPECIFIC POPULATIONS

Naldemedine crosses the placenta and may precipitate opioid withdrawal in a fetus due to the immature fetal blood-brain barrier. SYMPROIC® should be used during pregnancy only if the potential benefit justifies the potential risk. Because of the potential for serious adverse reactions, including opioid withdrawal in breastfed infants, a decision should be made to discontinue breastfeeding or discontinue the drug, taking into account the importance of the drug to the mother.

Avoid use in patients with severe hepatic impairment. No dose adjustment of SYMPROIC® is required in patients with mild or moderate hepatic impairment.

ADVERSE REACTIONS

The most common adverse reactions with SYMPROIC® compared to placebo in two pooled 12-week studies were: abdominal pain (8% vs 2%), diarrhea (7% vs 2%), nausea (4% vs 2%), and gastroenteritis (2% vs 1%).

The incidence of adverse reactions of opioid withdrawal in two pooled 12-week studies was 1% (8/542) for SYMPROIC® and 1% (3/546) for placebo. In a 52-week study, the incidence was 3% (20/621) for SYMPROIC® and 1% (9/619) for placebo.

Please see full Prescribing Information and Medication Guide for SYMPROIC®.

To report SUSPECTED ADVERSE REACTIONS, contact BioDelivery Sciences International, Inc. at 1-800-469-0261 or FDA at 1-800-FDA-1088 or www.fda.gov/medwatch.

Please see full Prescribing Information at SYMPROIC.com.

biodelivery SCIENCES

April 2019 SYMPROIC.com 1-800-469-0261

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