TAGITOL™ V (BARIUM SULFATE) ORAL SUSPENSION, 40% w/v

HIGHLIGHTS OF PRESCRIBING INFORMATION
These highlights do not include all the information needed to use TAGITOL V safely and effectively. See full prescribing information for TAGITOL V.

TAGITOL V (barium sulfate) oral suspension

Initial U.S. Approval: 2016

INDICATIONS AND USAGE
TAGITOL V is a radiographic contrast agent indicated in adult patients for use in computed tomography (CT) colonography as a fecal tagging agent (1)

Dosage and Administration

The recommended dose is:

• One 20 mL bottle (8g barium sulfate) with each meal (breakfast, lunch and dinner) the day before the CT colonography examination (2.1).
• Total dose = 3 bottles (24 g barium sulfate)

For oral use only (2.2).

Dosage Forms and Strengths

• Oral suspension: barium sulfate (40% w/v) 20 mL single dose bottles as a ready to use suspension for oral administration (3)
• One 20 mL bottle (8g barium sulfate) with each meal (breakfast, lunch and dinner) the day before the colonography examination.

Contraindications

TAGITOL V is contraindicated in patients with:

• Known or suspected perforation of the gastrointestinal (GI) tract (4)
• Known obstruction of the GI tract (4)

ADVERSE REACTIONS

Common adverse reactions include nausea, vomiting, diarrhea and abdominal cramping (6)

To report SUSPECTED ADVERSE REACTIONS,
contact Bracco Diagnostics Inc at 1-800-297-5181 or FDA at 1-800-FDA-1088 or www.fda.gov/medwatch

See 17 for PATIENT COUNSELING INFORMATION

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4 CONTRAINDICATIONS

TAGITOL V is contraindicated in patients with:
- known or suspected perforation of the gastrointestinal (GI) tract
- known obstruction of the GI tract
- high risk of GI perforation such as with a recent GI perforation, acute GI hemorrhage or ischemia, toxic megacolon, severe ileus, post GI surgery or biopsy, acute GI injury or burn, or recent radiotherapy to the pelvis;
- high risk of aspiration such as with prior aspiration, tracheo-oesophageal fistula, or obtundation;
- known hypersensitivity to barium sulfate or any of the excipients of TAGITOL V

WARNINGS AND PRECAUTIONS

Hypersensitivity reactions: Emergency equipment and trained personnel should be immediately available (5.1)

Intra-abdominal barium leakage: May occur in conditions which increase the risk of perforation such as - carcinoma, GI fistula, inflammatory bowel disease, gastric or duodenal ulcer, appendicitis, diverticulitis, or severe stenosis or obstructing lesions of the GI tract (5.2)

Delayed GI transit and obstruction: Patients should maintain adequate hydration in days following a barium sulfate procedure to avoid obstruction or impaction by baroliths (5.3)

Aspiration pneumonitis: Caution is recommended in patients with a history of food aspiration and in patients with known swallowing disorders (5.4)

PATIENT COUNSELING INFORMATION

*Sections or subsections omitted from the full prescribing information are not listed
The active ingredient barium sulfate is designated chemically as BaSO₄ with a molecular weight of 233.4 g/mol and the following chemical structure:

\[
\text{BaSO}_4
\]

TAGITOL V contains the following excipients: carboxymethylcellulose sodium, citric acid, glycerin, maltodextrin, natural and artificial apple flavor, polysorbate 60, potassium sorbate, purified water, saccharin sodium, simethicone emulsion, sodium benzoate, sodium citrate, xanthan gum, and xylitol.

5.2 Intra-abdominal Barium Leakage

The use of TAGITOL V is contraindicated in patients at high risk of perforation of the GI tract [see Contraindications (4)]. Administration of TAGITOL V may result in leakage of barium from the GI tract in the presence of conditions that increase the risk of perforation such as carcinomas, GI fistula, inflammatory bowel disease, gastric or duodenal ulcer, appendicitis, or diverticulitis, and in patients with a severe stenosis at any level of the gastrointestinal tract, especially if it is distal to the stomach. The barium leakage has been associated with peritonitis and granuloma formation.

5.3 Delayed Gastrointestinal Transit and Obstruction

Orally administered barium sulfate may accumulate proximal to a constricting lesion of the colon, causing obstruction or impaction with development of baroliths (inspissated barium associated with feces) and may lead to abdominal pain, appendicitis, bowel obstruction, or rarely perforation. Patients with the following conditions are at higher risk for developing obstruction or baroliths: severe stenosis at any level of the GI tract, impaired gastrointestinal motility, electrolyte imbalance, dehydration, on a low residue diet, on medications that delay GI motility, constipation, cystic fibrosis, Hirschsprung disease, and the elderly. To reduce the risk of delayed GI transit and obstruction, patients should maintain adequate hydration following a barium sulfate procedure.

5.4 Aspiration Pneumonitis

The use of TAGITOL V is contraindicated in patients at high risk of aspiration [see Contraindications (4)]. Oral administration of barium is associated with aspiration pneumonitis, especially in patients with a history of food aspiration or with compromised swallowing mechanism. Vomiting following oral administration of barium sulfate may lead to aspiration pneumonitis.

5.5 Systemic Embolization

Barium sulfate products may occasionally intravasate into the venous drainage of the large bowel and enter the circulation as a “barium embolus” leading to potentially fatal complications which include systemic and pulmonary embolism, disseminated intravascular coagulation, septicaemia, and prolonged severe hypotension. Although this complication is exceedingly uncommon after oral administration of barium sulfate products, monitor patients for potential intravasation when administering barium sulfate.

6 ADVERSE REACTIONS

The following adverse reactions have been identified from spontaneous reporting or clinical studies of barium sulfate administered orally. Because the reactions are reported voluntarily from a population of uncertain size, it is not always possible to reliably estimate their frequency or to establish a causal relationship to drug exposure:

- Nausea, vomiting, diarrhea and abdominal cramping.
- Serious adverse reactions and fatalities include aspiration pneumonitis, barium sulfate impaction, intestinal perforation with consequent peritonitis and granuloma formation, vasovagal and syncopal episodes.

8 USE IN SPECIFIC POPULATIONS

8.1 Pregnancy

Risk Summary
TAGITOL V is not absorbed systemically following oral administration, and maternal use is not expected to result in fetal exposure to the drug [see Clinical Pharmacology (12.3)].

8.2 Lactation

Risk Summary
TAGITOL V is not absorbed systemically by the mother following oral administration, and breastfeeding is not expected to result in fetal exposure to the drug [see Clinical Pharmacology (12.3)].

8.4 Pediatric Use

TAGITOL V is not indicated for pediatric use.

8.5 Geriatric Use

Clinical studies of TAGITOL V do not include sufficient numbers of subjects aged 65 and over to determine whether they respond differently from younger subjects. Other reported clinical experience has not identified differences in responses between the elderly and younger patients. In general, dose selection for an elderly patient should be cautious, usually starting at the low end of the dosing range, reflecting the greater frequency of decreased hepatic, renal, or cardiac function, and of concomitant disease or other drug therapy.

11 DESCRIPTION

TAGITOL V (barium sulfate) is a radiographic contrast agent that is supplied as a 40% w/v, off-white to lightly colored, free-flowing, ready-to-use suspension with an apple aroma for oral administration. The active ingredient barium sulfate is designated chemically as