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Extraneal

(ICODEXTRIN) PERITONEAL DIALYSIS SOLUTION

START **SMART** STAY **STRONG**

HELP PROTECT THE CHOICE OF PD WITH **EXTRANEAL** SOLUTION

Please see Indications and Important Risk Information on page 4 and accompanying full prescribing information.

PD IS GROWING AS THE THERAPY OF CHOICE for ESRD patients and their nephrologists.

Optimize the PD prescription by including **EXTRANEAL** (Icodextrin) PD solution and help reduce PD dropout by keeping your patients on PD therapy as long as possible.

Please see Indications and Important Risk Information on page 4 and accompanying full prescribing information.

WHEN TO CONSIDER MAKING A MOVE TO OPTIMIZE THE PD PRESCRIPTION...

- **When** starting and sustaining a glucose-sparing prescription
- **When** the PET results suggest a need to modify the prescription
- **When** protecting your patient from fluid overload
- **When** more dialysis requires a midday exchange, use a glucose-sparing solution like **EXTRANEAL** for the long dwell
- **When** ultrafiltration targets are becoming harder to achieve, requiring additional exchanges or higher dextrose solutions, particularly in patients with high average or greater transport characteristics
- **When** your patient is experiencing lifestyle challenges and struggling with managing additional or daytime exchanges

EXTRANEAL SOLUTION HAS BEEN PROVEN TO HELP IMPROVE RETENTION AND ADDRESS CAUSES OF PD DROPOUT.

- Glucose-sparing, peritoneal membrane preserving[1,2]
- Proven clearance and ultrafiltration results[3]

Post Hoc Analysis[4,5]

Australia and New Zealand Dialysis and Transplant Registry

EXTRANEAL is associated with **12% LOWER LIKELIHOOD OF TECHNIQUE FAILURE** (subhazard ratio [SHR], 0.88; 95% confidence interval [CI], 0.80-0.97) in first year vs. not using **EXTRANEAL***

*In a subpopulation of the multicenter cohort study of the ANZDATA registry including 8,960 patients who initiated PD therapy between 2007 and 2014, of whom 2,124 developed technique failure within the first year, a competing-risk regression analysis demonstrated that icodextrin solution use was associated with a 12% lower likelihood of technique failure in the first year of PD.[4,5]

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IN FACT, FOR SOME DIALYSIS PROVIDERS,

doctors are using **EXTRANEAL** solution to empower the choice of PD for more than a third of their patient population.[6]

In patients with refractory fluid overload, changing just one 4.25% glucose solution PD exchange to **EXTRANEAL was shown to increase time on PD therapy by a mean of 1.21 years**[7*]

*A prospective open-label study of 39 patients experiencing refractory fluid overload measured the effect of prescription of icodextrin on peritoneal dialysis (PD) technique survival.[7]

Selected Risk Information: Monitor electrolytes and blood chemistry periodically. Monitor fluid status to avoid hyper- or hypovolemia and potentially severe consequences including congestive heart failure, volume depletion, and hypovolemic shock. Abonormalities in any of these parameters should be treated promptly under the care of a physician.

CONSIDER YOUR NEXT MOVE

CHOOSE **EXTRANEAL** SOLUTION

EXTRANEAL (Icodextrin) Peritoneal Dialysis Solution Indications and Important Risk Information (IRI)

Indications:

EXTRANEAL (icodextrin) is indicated for a single daily exchange for the long (8- to 16- hour) dwell during continuous ambulatory peritoneal dialysis (CAPD) or automated peritoneal dialysis (APD) for the management of end-stage renal disease. **EXTRANEAL** is also indicated to improve (compared to 4.25% dextrose) long-dwell ultrafiltration and clearance of creatinine and urea nitrogen in patients with high average or greater transport characteristics, as defined using the peritoneal equilibration test (PET).

Important Risk Information:

- **EXTRANEAL** is contraindicated in patients with a known allergy to cornstarch or icodextrin, in patients with maltose or isomaltose intolerance, in patients with glycogen storage disease, and in patients with severe lactic acidosis.
- When measuring blood glucose levels in patients using **EXTRANEAL**, do not use blood glucose monitoring devices using glucose dehydrogenase pyrroloquinolinequinone (GDH-PQQ)-, glucose-dye oxidoreductase (GDO)-, and some glucose dehydrogenase flavin-adenine dinucleotide (GDH-FAD) based methods because these systems may result in falsely elevated glucose readings (due to the presence of maltose). Falsely elevated glucose readings have led patients or health care providers to withhold treatment of hypoglycemia or to administer insulin inappropriately leading to unrecognized hypoglycemia. Falsely elevated glucose levels may be measured up to two weeks following cessation of **EXTRANEAL** therapy when GDH-PQQ, GDO, and GDHFAD-based blood glucose monitors and test strips are used. Additionally, other glucose-measuring technologies, such as continuous glucose monitoring systems, may or may not be compatible with **EXTRANEAL**. Always contact the device manufacturer for current information regarding compatibility and intended use of the device in the dialysis patient population.
- Encapsulating peritoneal sclerosis (EPS), sometimes fatal, is a complication of peritoneal dialysis therapy and has been reported in patients using **EXTRANEAL**.
- Serious hypersensitivity reactions to **EXTRANEAL** have been reported such as toxic epidermal necrolysis, angioedema, serum sickness, erythema multiforme and vasculitis. Anaphylactic or anaphylactoid reactions may occur. If a serious reaction is suspected, discontinue **EXTRANEAL** immediately and institute appropriate therapeutic countermeasures.
- Overinfusion of peritoneal dialysis solution volume into the peritoneal cavity may be characterized by abdominal distention, feeling of fullness and/or shortness of breath. Drain the peritoneal dialysis solution from the peritoneal cavity to treat overinfusion.
- Patients with insulin-dependent diabetes may require modification of insulin dosage following initiation of treatment with **EXTRANEAL**. Monitor blood glucose and adjust insulin, if needed.
- Peritoneal dialysis may affect a patient's protein, water-soluble vitamin, potassium, sodium, chloride, bicarbonate, and magnesium levels and volume status. Monitor electrolytes and blood chemistry periodically. Monitor fluid status to avoid hyper- or hypovolemia and potentially severe consequences including congestive heart failure, volume depletion, and hypovolemic shock. Abnormalities in any of these parameters should be treated promptly under the care of a physician.
- In clinical trials, the most frequently reported adverse events occurring in > 10% of patients and more common in **EXTRANEAL** PD solution patients than in control patients, were peritonitis, upper respiratory infection, hypertension, and rash. The most common treatment-related adverse reaction for **EXTRANEAL** PD solution patients was skin rash.
- Please see accompanying Package Insert for full Prescribing Information.

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THE NEXT MOVE IS YOURS

CHOOSE **EXTRANEAL** SOLUTION

TALK TO YOUR BAXTER SALES REPRESENTATIVE FOR MORE INFORMATION or call Baxter HomeCare Services at 1-800-284-4060.

REFERENCES

1. Davies SJ, et al. Longitudinal membrane function in functionally anuric patients treated with APD: Data from the EAPOS on the effects of glucose and icodextrin prescription. Kidney Int 2005;67:1609-1615. 2. Devuyst O, Rippe B. Water transport across the peritoneal membrane. Kidney Int. 2014;85:750-758. 3. EXTRANEAL (icodextrin) Peritoneal Dialysis Solution [Package Insert]. Deerfield, IL: Baxter Healthcare Corporation; 2002.* 4. See EJ, et al. Risk Predictors and Causes of Technique Failure Within the First Year of Peritoneal Dialysis: An Australia and New Zealand Dialysis and Transplant Registry (ANZDATA) Study. Am J Kidney Dis. (2017) 72(2): 188-197. 5. Liakopoulos V, et al. Letter to the Editor Am J Kidney Dis. 2018; 72:309–310. 6. Baxter Data on File 7. Johnson DW, et al. Cost Savings from Peritoneal Dialysis Therapy Time Extension Using Icodextrin. Adv Perit Dial. 2003; 19:81–85.

*Study sponsored by Baxter Healthcare Corporation

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