Baxter

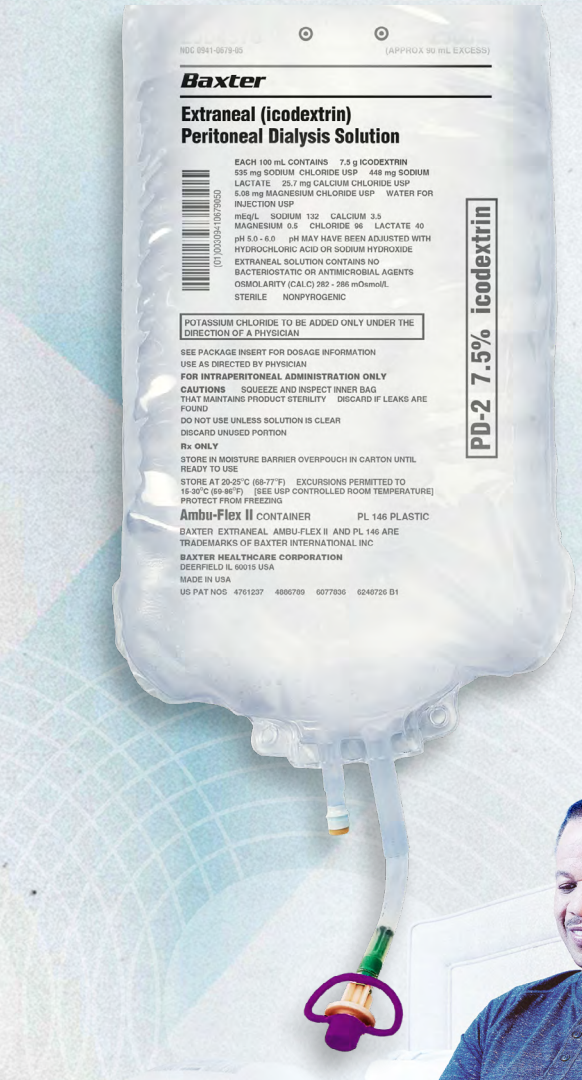
Extraneal

(ICODEXTRIN) PERITONEAL DIALYSIS SOLUTION

BAXTER KIDNEY CARE

PD | HD | HDx | EDUCATION | SUPPORT

START WITH EXTRANEAL



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).

LET'S START AT THE BEGINNING:

Compared to dextrose PD solutions, prescribing one bag a day of icodextrin-based **EXTRANEAL** (icodextrin) Peritoneal Dialysis Solution, **from the start of Peritoneal Dialysis (PD) therapy** has the following benefits:

- Reduces glucose exposure over time and its associated complications[1-7]
- May result in improved fluid balance[3,8-16]
- Longer sustained PD success[2,16,17]

Deliver an optimal PD experience from the start by prescribing **EXTRANEAL** Solution. Because less glucose exposure and its associated complications over time [1-7] can mean everything, including a chance to protect your patient's choice for PD.

YOU AND YOUR PATIENTS DESERVE NOTHING LESS.

WHAT IS EXTRANEAL?

EXTRANEAL Solution is a **non-glucose, 7.5% icodextrin solution** for the long dwell, widely used by nephrologists for 20+ years.

EXTRANEAL Solution is available for both CAPD and APD patients in the following containers and fill volumes:

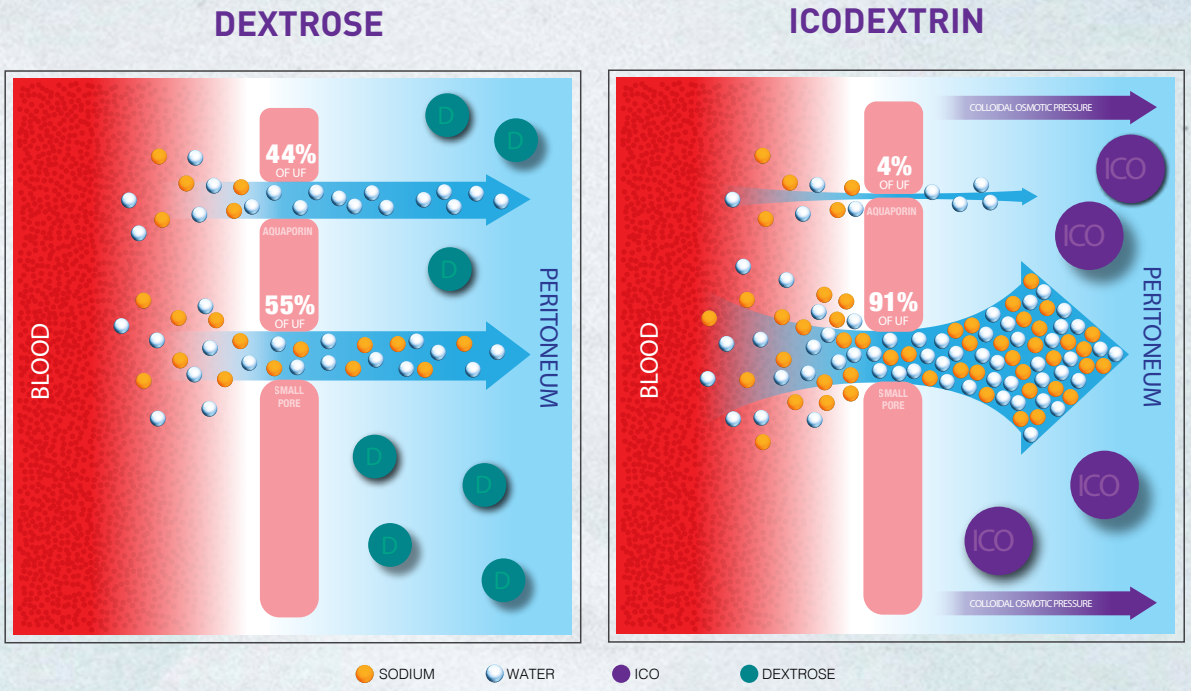
THERAPY TYPE	FILL VOLUME	PRODUCT CODE
CAPD	2.0 L	5B4984
	2.5 L	5B4986
APD	2.0 L	L5B4974
	2.5 L	L5B4976

THE LONG DWELL

The dwell time is the prescribed period of time the dialysis fluid stays in the patient's abdomen. A short dwell is typically below 4 to 6 hours, while the long dwell is 8 to 16 hours. The challenge over the long dwell is that glucose will be absorbed over time leading to gradual fluid resorption from the peritoneal cavity.[15]

Please see important risk information to follow.

HOW DOES EXTRANEAL (ICODEXTRIN) WORK?

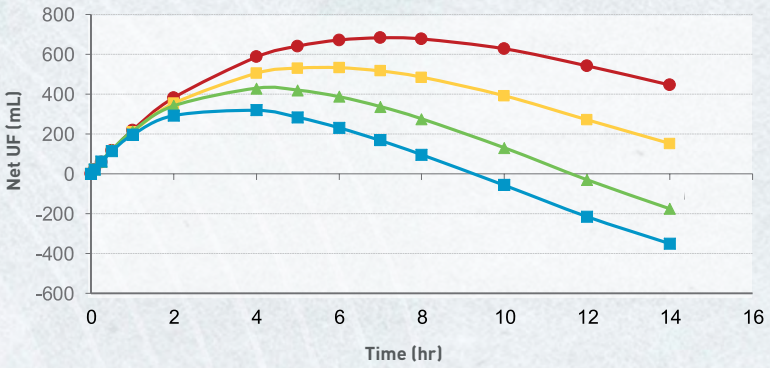


Adapted from Devuyst O, Rippe B. *Kidney Int.* 2014;85(4):750-758[18]

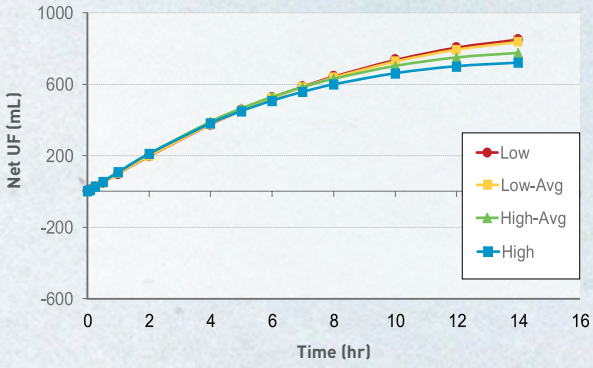
Extraneal (icodextrin) Functions Irrespective of Transport Type[19]

TEMPORAL PROFILE OF NET ULTRAFILTRATION IN THE FOUR STANDARD TRANSPORT CATEGORIES WITH THE USE OF 2.5% DEXTROSE SOLUTION AND 7.5% ICODEXTRIN SOLUTION[19]

2.5% DEXTROSE[19]



EXTRANEAL (ICODEXTRIN)[19]

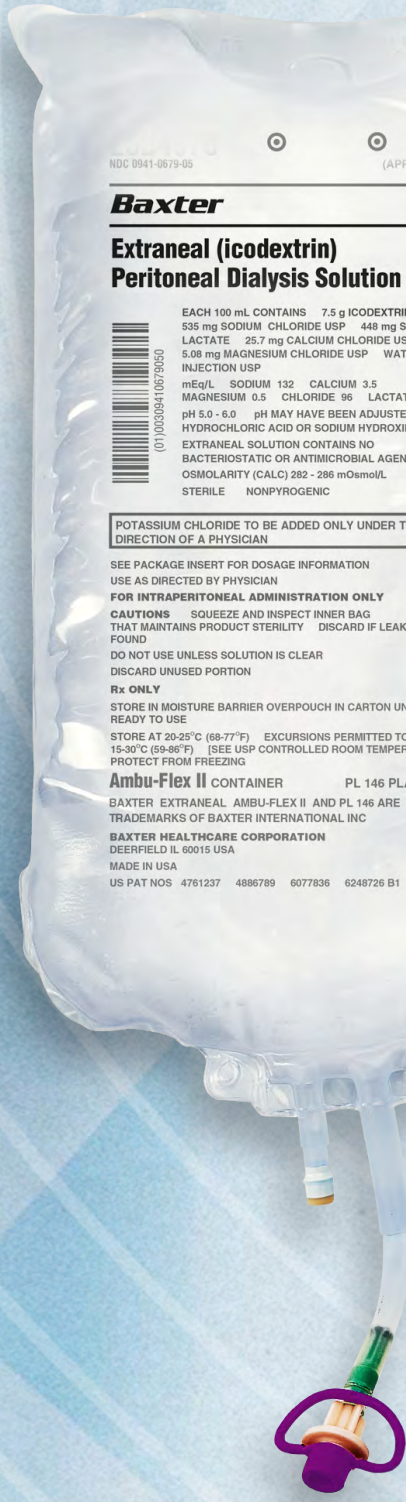


Computer-generated model. Adapted from Mujais S, et al. Kidney Int Suppl. 2002;(81):S17-S22.

Please see important risk information to follow.

ONE DAILY BAG. MULTIPLE BENEFITS.

Prescribing one bag EXTRANEAL (icodextrin) Peritoneal Dialysis Solution FROM THE START of PD therapy may bring the following benefits to patient outcomes:



1. LESS GLUCOSE FROM THE START

Prescribing PD patients with icodextrin solution, such as **EXTRANEAL** (icodextrin 7.5%) Solution for Peritoneal Dialysis from the start, limits glucose exposure during PD therapy, potentially minimizing changes to the peritoneal membrane and cardiovascular (CV) metabolic risk.[1-7]

2. LESS TREATMENT COMPLICATIONS

Icodextrin solution, such as **EXTRANEAL** (icodextrin 7.5%) Solution for Peritoneal Dialysis may improve clinical outcomes by increasing ultrafiltration and maintaining fluid balance.[3,8-16] Achieving fluid balance throughout the time on PD therapy is critical in the success of therapy, as fluid overload may result in transfer to HD and increased risk of cardiac events and mortality.[8,10,13,16,17,20,21]

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. Abnormalities in any of these parameters should be treated promptly under the care of a physician.

3. LESS POTENTIAL RISK FOR PD DROPOUT

When prescribed from the onset of PD, one daily bag of icodextrin solution, such as **EXTRANEAL** (icodextrin 7.5%) Solution for Peritoneal Dialysis for the long dwell may increase patient time on therapy.[2,16,17] Extended time on therapy supports key patient and clinician priorities, including staying on the patients' modality of choice, preserving residual kidney function (RKF) and remaining active in society.[2,17,22]

ISPD GUIDELINES RECOMMENDS THE USE OF ICODEXTRIN

The International Society for Peritoneal Dialysis (ISPD) guidelines recommend "high-quality goal-directed peritoneal dialysis."[23]

Individualization of the prescription is a key component of this high quality dialysis therapy, and can be achieved through a combination of Icodextrin and glucose based solutions.[23] This is contrary to the prevalent notion that only glucose solutions should be used at the beginning of PD therapy.

NOTHING LESS THAN EVERYTHING.

Please see important risk information to follow.

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 GDH-FAD-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.
- **EXTRANEAL** is intended for intraperitoneal administration only. Not for intravenous or intra-arterial administration. Aseptic technique should be used throughout the peritoneal dialysis procedure.
- 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 full Prescribing Information for Extraneal PD Solution.

Baxter

START WITH EXTRANEAL AND HELP PROTECT YOUR PATIENTS' CHOICE OF PD.

TALK TO YOUR BAXTER SALES REPRESENTATIVE FOR MORE INFORMATION ON EXTRANEAL PD SOLUTION.

Scan the QR code for additional information on the benefits of Extraneal.

Scan the QR code to read the ISPD Guidelines.

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