BOEHRINGER INGELHEIM PHARMACEUTICALS, INC. AND LILLY USA, LLC CORDIALLY INVITE YOU TO A PRESENTATION

A BREAKTHROUGH IN CARDIOVASCULAR OUTCOMES

JARDIANCE CV OUTCOME STUDY WAS A GROUNDBREAKING TRIAL IN PATIENTS WITH TYPE 2 DIABETES & ESTABLISHED CARDIOVASCULAR DISEASE

Jardiance® (empagliflozin) tablets 10 mg/25 mg

FEATURED GUEST SPEAKER

George Grunberger, MD

Chairman

DATE

Thursday, April 20, 2017

TIME

7:00 PM ET

LOCATION

The Ocean Club
Easton Towne Cente Second Level
Columbus, OH 43219

RSVP BY

Friday, April 14, 2017

TO

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AT

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This program is open to healthcare practitioners (HCPs) for whom the information presented is relevant to their practice. Spouses or guests cannot be accommodated.

By registering for this event I agree to allow Boehringer Ingelheim Pharmaceuticals, Inc. (BIPI), Lilly USA, LLC, and third parties associated with the execution of this program to contact me, by phone, fax, e-mail, or in person.

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INDICATIONS AND LIMITATIONS OF USE

JARDIANCE is indicated as an adjunct to diet and exercise to improve glycemic control in adults with type 2 diabetes mellitus.

JARDIANCE is indicated to reduce the risk of cardiovascular death in adults with type 2 diabetes mellitus and established cardiovascular disease.

JARDIANCE is not recommended for patients with type 1 diabetes or for the treatment of diabetic ketoacidosis.

IMPORTANT SAFETY INFORMATION

CONTRAINDICATIONS

JARDIANCE should not be used in patients with a history of serious hypersensitivity to JARDIANCE or in patients with severe renal impairment, end-stage renal disease, or dialysis.

Please see additional Important Safety Information on the next page and accompanying full Prescribing Information, including Patient Information.

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WARNINGS AND PRECAUTIONS

Hypotension

JARDIANCE causes intravascular volume contraction and symptomatic hypotension may occur. Before initiating JARDIANCE, assess and correct volume status in the elderly, in patients with renal impairment, low systolic blood pressure, or on diuretics. Monitor for hypotension.

Ketoacidosis

Reports of ketoacidosis, a serious life-threatening condition requiring urgent hospitalization have been identified in patients with type 1 and type 2 diabetes mellitus receiving sodium glucose co transporter 2 (SGLT2) inhibitors, including JARDIANCE. Fatal cases of ketoacidosis have been reported in patients taking JARDIANCE. Patients who present with signs and symptoms of metabolic acidosis should be assessed for ketoacidosis, even if blood glucose levels are less than 250 mg/dL. If suspected, discontinue JARDIANCE, evaluate and treat promptly.

Before initiating JARDIANCE, consider risk factors for ketoacidosis. Patients on JARDIANCE may require monitoring and temporary discontinuation in situations known to predispose to ketoacidosis.

Acute Kidney Injury and Impairment in Renal Function

JARDIANCE causes intravascular volume contraction and can cause renal impairment. Acute kidney injury requiring hospitalization and dialysis have been identified in patients taking SGLT2 inhibitors, including JARDIANCE; some reports involved patients younger than 65 years of age. Before initiating JARDIANCE, consider factors that may predispose patients to acute kidney injury including hypovolemia, chronic renal insufficiency, congestive heart failure and concomitant medications (diuretics, ACE inhibitors, ARBs, NSAIDs). Consider temporary discontinuation in settings of reduced oral intake or fluid losses. Monitor patients for signs and symptoms of acute kidney injury. If acute kidney injury occurs, discontinue JARDIANCE promptly and institute treatment.

JARDIANCE increases serum creatinine and decreases eGFR. Patients with hypovolemia may be more susceptible to these changes. Renal function should be evaluated prior to initiating JARDIANCE and periodically thereafter. More frequent monitoring is recommended in patients with eGFR <60 mL/min/1.73 m^2. JARDIANCE should be discontinued in patients with a persistent eGFR <45 mL/min/1.73 m^2.

Urosepsis and Pyelonephritis

Serious urinary tract infections including urosepsis and pyelonephritis requiring hospitalization have been identified in patients receiving SGLT2 inhibitors, including JARDIANCE. Treatment with SGLT2 inhibitors increases the risk for urinary tract infections. Evaluate for signs and symptoms of urinary tract infections and treat promptly.

Hypoglycemia with Concomitant Use with Insulin and Insulin Secretagogues

Insulin and insulin secretagogues are known to cause hypoglycemia. The use of JARDIANCE with these agents can increase the risk of hypoglycemia. A lower dose of insulin or the insulin secretagogue may be required when used in combination with JARDIANCE.

Genital Mycotic Infections

JARDIANCE increases the risk for genital mycotic infections. Patients with a history of chronic or recurrent genital mycotic infections were more likely to develop these infections. Monitor and treat as appropriate.

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JARDIANCE increases the risk for genital mycotic infections, especially in patients with prior infections. Monitor and treat as appropriate.

Increased Low-Density Lipoprotein Cholesterol (LDL-C)

Monitor and treat as appropriate.

ADVERSE REACTIONS

The most common adverse reactions (>5%) associated with placebo and JARDIANCE 10 mg and 25 mg were urinary tract infections and female genital mycotic infections.

DRUG INTERACTIONS

Diuretics may enhance the potential for volume depletion when administered with JARDIANCE.

USE IN SPECIAL POPULATIONS

Pregnancy

JARDIANCE is not recommended during the second and third trimesters of pregnancy based on animal data showing adverse renal effects.

Lactation

JARDIANCE is not recommended while breastfeeding because of the potential for serious adverse reactions in breastfed infants.

Geriatric Use

JARDIANCE is expected to have diminished efficacy in elderly patients with renal impairment. Urinary tract infections and volume depletion-related adverse reactions increased in patients ≥75 years treated with JARDIANCE.

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(empagliflozin) tablets
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