

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

## JARDIANCE

# EMPOWERING YOUR CLINICAL DECISIONS

FOR ADULT PATIENTS WITH TYPE 2 DIABETES MELLITUS AND ESTABLISHED CARDIOVASCULAR DISEASE

|                        |      |
|------------------------|------|
| FEATURED GUEST SPEAKER | DATE |
|                        | TIME |
| LOCATION               |      |

|                 |         |
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| INVITATION FROM | RSVP BY |
|                 | 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.

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BIPI and Lilly USA, LLC have adopted the PhRMA (Pharmaceutical Research and Manufacturers of America) Code on Interactions with Healthcare Professionals that went into effect on July 1, 2002. Pursuant to the Code, inclusion of healthcare professionals' spouses or guests is not permitted. We appreciate your understanding and support of our commitment to following the highest ethical standards as related to interactions with healthcare professionals. To comply with federal regulations, attendance at the entire session is required and early departures are not permitted.

### INDICATIONS AND LIMITATIONS OF USE

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

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

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

### IMPORTANT SAFETY INFORMATION

#### CONTRAINDICATIONS

History of serious hypersensitivity to empagliflozin or any of the excipients in JARDIANCE; severe renal impairment, end-stage renal disease, or dialysis.

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

**Jardiance**<sup>®</sup>  
(empagliflozin) tablets  
10 mg/25 mg



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### WARNINGS AND PRECAUTIONS

#### Hypotension

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

#### Ketoacidosis

Ketoacidosis, a serious life-threatening condition requiring urgent hospitalization, has been identified in patients with type 1 and type 2 diabetes mellitus receiving SGLT2 inhibitors, including empagliflozin. Fatal cases of ketoacidosis have been reported in patients taking empagliflozin. 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 may require monitoring and temporary discontinuation in situations known to predispose to ketoacidosis.

#### Acute Kidney Injury and Impairment in Renal Function

Empagliflozin 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 empagliflozin; some reports involved patients younger than 65 years of age. Before initiating JARDIANCE, consider factors that may predispose patients to acute kidney injury. Consider temporary discontinuation in settings of reduced oral intake or fluid losses. Monitor patients for signs and symptoms of acute kidney injury. If it occurs, discontinue JARDIANCE and treat promptly.

Empagliflozin increases serum creatinine and decreases eGFR. Patients with hypovolemia may be more susceptible to these changes. Before initiating JARDIANCE, evaluate renal function and monitor thereafter. More frequent monitoring is recommended in patients with eGFR <60 mL/min/1.73 m<sup>2</sup>. Discontinue JARDIANCE in patients with a persistent eGFR <45 mL/min/1.73 m<sup>2</sup>.

#### Urosepsis and Pyelonephritis

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

#### Hypoglycemia

The use of JARDIANCE in combination with insulin or insulin secretagogues can increase the risk of hypoglycemia. A lower dose of insulin or the insulin secretagogue may be required.

#### Necrotizing Fasciitis of the Perineum (Fournier's Gangrene)

Serious, life-threatening cases have occurred in both females and males. Assess patients presenting with pain or tenderness, erythema, or swelling in the genital or perineal area, along with fever or malaise. If suspected, institute prompt treatment and discontinue JARDIANCE.

#### Genital Mycotic Infections

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

#### Hypersensitivity Reactions

Discontinue JARDIANCE, treat promptly, and monitor until signs and symptoms resolve.

#### Increased Low-Density Lipoprotein Cholesterol (LDL-C)

Monitor and treat as appropriate.

#### MOST COMMON ADVERSE REACTIONS (≥5%)

Urinary tract infections and female genital mycotic infections.

#### DRUG INTERACTIONS

Coadministration with diuretics may enhance the potential for volume depletion.

#### USE IN SPECIAL POPULATIONS

##### Pregnancy

JARDIANCE is not recommended, especially during the second and third trimesters.

##### Lactation

JARDIANCE is not recommended while breastfeeding.

##### Geriatric Use

JARDIANCE is expected to have diminished efficacy in elderly patients with renal impairment. Renal function should be assessed more frequently in elderly patients. The incidence of volume depletion-related adverse reactions and urinary tract infections increased in patients ≥75 years treated with empagliflozin.

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