Focusing on the Front Line of Hepatorenal Syndrome–Acute Kidney Injury (HRS-AKI) Recognition and Reversal

Terlivaz® terlipressin for injection

JOIN YOUR COLLEAGUES AS WE DISCUSS:

- The risk factors, pathophysiology, and burden of disease for hepatorenal syndrome–acute kidney injury (HRS-AKI)
- The importance of early recognition, current diagnosis and treatment recommendations for HRS-AKI
- Clinical data that led to the FDA approval of TERLIVAZ

Lance Stein, MD
Piedmont Transplant Institute
Atlanta, GA

DATE: Tuesday, July 01, 2025
TIME: 6:00 PM Central
LOCATION: Blueprint on 3rd, 3000 3rd Avenue South, Birmingham, Alabama 35233

This event is only intended for appropriate US healthcare professionals (HCPs). No guests or relatives of HCPs are permitted unless they are also appropriate HCP attendees.

TO REGISTER PLEASE RSVP to Morgan Sansing at Morgan.Sansing@mnk.com or 205-767-3199

OR

https://www.mymallinckrodtmeetings.com/7mH516

INDICATION AND LIMITATION OF USE

TERLIVAZ (terlipressin) is indicated to improve kidney function in adults with hepatorenal syndrome with rapid reduction in kidney function.

- Patients with a serum creatinine >5 mg/dL are unlikely to experience benefit.

SELECT IMPORTANT SAFETY INFORMATION

WARNING: SERIOUS OR FATAL RESPIRATORY FAILURE

- **TERLIVAZ may cause serious or fatal respiratory failure. Patients with volume overload or with acute-on-chronic liver failure (ACLF) Grade 3 are at increased risk. Assess oxygenation saturation (e.g., SpO_2) before initiating TERLIVAZ.**
- **Do not initiate TERLIVAZ in patients experiencing hypoxia (e.g., SpO_2 <90%) until oxygenation levels improve. Monitor patients for hypoxia using continuous pulse oximetry during treatment and discontinue TERLIVAZ if SpO_2 decreases below 90%.**

Please see additional Important Safety Information on the following page.
Please see accompanying full Prescribing Information, including Boxed Warning, or visit TERLIVAZ.com.

INDICATION AND LIMITATION OF USE

TERLIVAZ (terlipressin) is indicated to improve kidney function in adults with hepatorenal syndrome with rapid reduction in kidney function.

- Patients with a serum creatinine >5 mg/dL are unlikely to experience benefit.

IMPORTANT SAFETY INFORMATION

WARNING: SERIOUS OR FATAL RESPIRATORY FAILURE

- **TERLIVAZ may cause serious or fatal respiratory failure. Patients with volume overload or with acute-on-chronic liver failure (ACLF) Grade 3 are at increased risk. Assess oxygenation saturation (e.g., SpO_2) before initiating TERLIVAZ.**
- **Do not initiate TERLIVAZ in patients experiencing hypoxia (e.g., SpO_2 <90%) until oxygenation levels improve. Monitor patients for hypoxia using continuous pulse oximetry during treatment and discontinue TERLIVAZ if SpO_2 decreases below 90%.**

Contraindications

TERLIVAZ is contraindicated:

- In patients experiencing hypoxia or worsening respiratory symptoms.
- In patients with ongoing coronary, peripheral, or mesenteric ischemia.

Warnings and Precautions

- **Serious or Fatal Respiratory Failure:** Obtain baseline oxygen saturation and do not initiate TERLIVAZ in hypoxic patients. Monitor patients for changes in respiratory status using continuous pulse oximetry and regular clinical assessments. Discontinue TERLIVAZ in patients experiencing hypoxia or increased respiratory symptoms.

  Manage intravascular volume overload by reducing or discontinuing the administration of albumin and/or other fluids and through judicious use of diuretics. Temporarily interrupt, reduce, or discontinue TERLIVAZ treatment until patient volume status improves. Avoid use in patients with ACLF Grade 3 because they are at significant risk for respiratory failure.
- **Ineligibility for Liver Transplant:** TERLIVAZ-related adverse reactions (respiratory failure, ischemia) may make a patient ineligible for liver transplantation, if listed. For patients with high prioritization for liver transplantation (e.g., MELD ≥35), the benefits of TERLIVAZ may not outweigh its risks.
- **Ischemic Events:** TERLIVAZ may cause cardiac, cerebrovascular, peripheral, or mesenteric ischemia. Avoid use of TERLIVAZ in patients with a history of severe cardiovascular conditions or cerebrovascular or ischemic disease. Discontinue TERLIVAZ in patients who experience signs or symptoms suggestive of ischemic adverse reactions.
- **Embryo-Fetal Toxicity:** TERLIVAZ may cause fetal harm when administered to a pregnant woman. If TERLIVAZ is used during pregnancy, the patient should be informed of the potential risk to the fetus.

Adverse Reactions

- The most common adverse reactions (≥10%) include abdominal pain, nausea, respiratory failure, diarrhea, and dyspnea.

Please see accompanying full Prescribing Information, including Boxed Warning, or visit TERLIVAZ.com.

This event is only intended for appropriate US HCPs. No guests or relatives of HCPs are permitted unless they are also an appropriate HCP attendee. HCPs in any of the following categories are prohibited from participating in a meal and must select "**Meal Opt Out**" on the sign-in sheet: federal employees, Minnesota prescribers, and Vermont-licensed HCPs. Mallinckrodt Pharmaceuticals is required to report all payments or exchanges of value (eg, meals) in compliance with the Sunshine Act and state laws.

Mallinckrodt Pharmaceuticals