

**October 1, 2024**

Dear Valued Customer,

In a follow-up to the communication issued on September 29, 2024, regarding Baxter's North Cove, NC facility and the disruption of site operations because of Hurricane Helene and the ensuing flooding, below is information from Baxter's Medical Affairs team regarding immediate product management and conservation actions of peritoneal dialysis solutions commercialized by Baxter under the brand names Dianeal and Extraneal. This guidance applies to continuous ambulatory peritoneal dialysis (CAPD) and automated peritoneal dialysis (APD) modalities.

Healthcare practitioners should use their professional judgment in evaluating the information in this document and assessing their organizations' needs and resources. In a PD fluid shortage, Baxter's primary goal is to ensure patient safety while maintaining effective treatment for existing patients.

If you have questions about this letter's content, please email [renalmedinfo@baxter.com](mailto:renalmedinfo@baxter.com).

### **Suggestions for Management and Conservation**

- **Evaluate Inventory:** Review your current stock levels, expiration dates, and distribution of all PD products. Where possible, please conserve all PD products you have available in inventory (and ensure your patients are doing the same). The PD fluid supply must be controlled to ensure appropriate allocation.
- **Conserve PD products:** Use the minimum number of units of PD products necessary – conserve your supply to extend the number of treatments you may complete with the inventory you already have on hand. PD product quantities per order may be limited, and some limitations could continue until new guidance is shared.
- **Engage Clinical Teams:** Clinical teams must carefully evaluate individual patients' clinical needs, specifically fluid balance and solute clearance, along with their residual kidney function. There may be a need to consider Extraneal bag supply and prioritize patients with critical fluid balance issues or unstable glucose control in diabetic patients. This assessment should consider prevalent PD patients, specifically patients planning to start PD, to determine if training and PD can be delayed.
- **Optimize PD prescriptions:** Implement a review of PD prescriptions to determine if changes can be made to reduce the PD fluid supply needed for effective daily PD therapy, depending on the availability of specific codes. (Options will be shared as soon as possible. More details are below.)
- **Consider other options for individual patients:**
  - a. Delay dialysis start for incident patients, if clinically possible.
  - b. Switching of PD modalities (CAPD to APD depending upon available detailed supply information).
  - c. Transfer to HD for patients where this transition was considered or planned.
  - d. Switching to a different PD supplier.

Baxter is actively examining the provision of PD supplies from other global manufacturing plants. Baxter will ensure that basic connectology for alternative supplies will be maintained and will provide specific HCP and patient education materials to ensure safe and effective therapy. Additional prescription changes may be needed depending on the provision of specific

CAPD and APD codes. Further information will be provided once firm plans are made and approved by regulatory authorities.

Baxter is continuing to take immediate action so that we can resume production in North Cove as quickly as possible to help mitigate the effect on patient product supply. We thank you for your partnership as we navigate this situation.

Best,

**Geovana Basso**

Kidney Care - Head of Medical Affairs – Americas Region

**Peter Rutherford**

Global Head, Medical Affairs