

FOR IMMEDIATE RELEASE

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BAXTER ANNOUNCES HEALTH CANADA APPROVAL OF OLIMEL 7.6% HIGH PROTEIN PARENTERAL NUTRITION FORMULATIONS

- Highest protein and lowest glucose formulation among Parenteral Nutrition (PN) products (with or without electrolytes) available in a standardized, triple-chamber bag^{1,2,3,4}
- New PN formulation will help meet needs of high stress patients who require more protein and are often impacted by hyperglycemia
- OLIMEL 7.6% and 7.6% E are the latest additions to Baxter's olive oil-based parenteral nutrition portfolio

MISSISSAUGA, ON, SEPT. 4, 2018 – Baxter Canada, a leader in nutrition therapy, today announced Health Canada approval of OLIMEL 7.6% and OLIMEL 7.6% E (amino acids, dextrose, lipids with/without electrolytes, injectable emulsion) for parenteral nutrition for adults when oral or enteral nutrition is impossible, insufficient or contraindicated. These OLIMEL 7.6% nutrition solutions are the latest additions to the company's olive oil-based parenteral nutrition portfolio. As a ready-to-use solution, OLIMEL 7.6% (with or without electrolytes) is designed to meet the needs of high-risk patients by combining the highest protein with the lowest glucose formulation available in a standardized, triple-chamber bag.

Critically-ill patients and those who have major surgery may require parenteral nutrition, which may be necessary when a patient cannot get adequate nutrients orally or through tube feeding. Most of these patients receive less than half of the protein that is recommended for more than 10 days in the ICU⁵. While recent studies show that higher protein treatments were associated with lower mortality rates in the ICU^{6,7} giving patients more protein with ready-to-use products can have the unintended consequence of increasing their intake of glucose and potentially lead to overfeeding.

"Through our focus on innovation, Baxter is able to bring OLIMEL 7.6% and OLIMEL 7.6% E, our latest parenteral nutrition products, to Canadian hospitals," said James Teaff, Business Unit



Head, Hospital Products. "Clinicians now have two new nutritional solutions to help their adult patients reach their protein targets, regain their health sooner and minimize hospital stays."

Baxter's latest OLIMEL 7.6% formulations provide clinicians new options for treating critically-ill patients, as they include:

- 76g of protein (amino acid) per liter, designed to deliver protein targets in lower fluid volumes.
- Only 73g of glucose per liter which helps reduce the risk of hyperglycemia.
- Olive oil-based lipid emulsions that may preserve immune function 8,9,10,11,12.

The use of high protein regimens and olive oil-based lipid emulsions are supported by ASPEN guidelines.

Consult the OLIMEL product monograph at:

http://www.baxter.ca/en_CA/assets/downloads/monographs/OLIMEL_EN.pdf

for contraindications, warnings, precautions, adverse reactions, interactions, dosing, and conditions of clinical use. The product monograph is also available through the Baxter medical department.

About Baxter Canada

Every day, millions of patients and caregivers rely on Baxter's leading portfolio of critical care, nutrition, renal, hospital and surgical products. For over 80 years, we've been operating at the critical intersection where innovations that save and sustain lives meet the healthcare providers who make it happen. With products, technologies and therapies available in more than 100 countries, Baxter's employees worldwide are now building upon the company's rich heritage of medical breakthroughs to advance the next generation of transformative healthcare innovations. Baxter Canada and its nearly 1,000 employees are located primarily in Ontario at the Head Office, CIVA Admixing and Technical Services Centres in Mississauga, and in Alliston – where Baxter operates Canada's only large scale manufacturing plant producing life-sustaining intravenous and dialysis solutions. To learn more, visit www.baxter.ca and follow us on Twitter, LinkedIn and Facebook.

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¹ OLIMEL N12 SmPC, 2017.
² SmofKabiven SmPC, 2017.
³ NutriFlex SmPC, 2015.
⁴ Trimix HP SmPC, 2017.
⁵Hoffer and Bistrian. Am J Clin Nutr 2012;96:591–600.
⁶Elke G et al. Critical Care 2014;18:R29.
⁷Allingstrup Clinical Nutrition 2012;32: 460=18.
⁸Jia Nutrition Journal 2015;14-119.
⁹ Calder PC, et al. Intensive Care Med 2010;36:735-49.
¹⁰Granato D, et al. JPEN J Parenter Enteral Nutr 2000;24:113-8.
¹¹Olthof E, et al. Clin Nutr 2013;32:643-649. 4. Pontes-Arruda A, Clin Nutr Suppl 2009;4:19-23. 5.
¹²Waitzberg DL, et al. JPEN J Parenter Enteral Nutr 2006;30:351-67.