

eDETAIL IMPLEMENTATION GUIDE

When phosphate management issues arise, experience

VELPHORO[®]
(sucroferric oxyhydroxide)
chewable tablets
TAKE CHARGE OF PHOSPHATE
MANAGEMENT

THE ATTRACTION OF VELPHORO

GREATER POTENCY¹
**MORE PHOSPHORUS
CONTROL^{2,3}**
**FLEXIBLE
ADMINISTRATION⁴**

INDICATION
Velphoro[®] (sucroferric oxyhydroxide) is a phosphate binder indicated for the control of serum phosphorus levels in patients with chronic kidney disease (CKD) on dialysis.

PRESCRIBING INFORMATION | **IMPORTANT SAFETY INFORMATION** | **REFERENCES** | **VAS**

FRESENIUS
MEDICAL CARE
RENAL PHARMACEUTICALS

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FEBRUARY 2021

THE VELPHORO eDETAIL

Purpose	<p>The objective of the eDetail is to clearly differentiate Velphoro from other phosphate binders. During market research with healthcare providers, potency, efficacy, and flexible administration were identified as the most unique and compelling features of Velphoro. We want to keep these benefits top of mind for our customers so that, when phosphate management becomes an issue for a patient on a generic binder, customers will consider Velphoro instead of titrating up a patient's dose or switching them to a different generic binder.</p> <p>The Velphoro eDetail has a new look, new features, and a streamlined flow to re-energize your detail! Visually, images of the patients and healthcare providers make the new campaign engaging and relatable, and the familiar magnet has been updated—as a V—to connect more powerfully to Velphoro. The benefits that are most meaningful to customers have been placed literally front and center.</p> <p>What hasn't changed is the easy access you have to a full range of focused promotional messages, all in one place. We're excited about bringing the new campaign to life in the eDetail, and hope you enjoy using it with your customers!</p>
Customers	<p>Priority tool for prescribers (physicians, physician assistants, nurse practitioners) and clinic staff (renal dietitians, clinical managers, social workers).</p>
When to use	<p>Use with prescribers and with renal dietitians (who influence phosphate binder selection) to differentiate Velphoro. In pre-call planning, identify which key messages you plan to use based on that customer's needs.</p>
How to use	<p>As part of your pre-call planning, have the eDetail app open and ready to go in MI. Be sure to maintain possession of the iPad at all times, even when engaging with the customer. Always provide fair balance on every call, and have a Package Insert/Prescribing Information available to leave with customers. A presentation that includes fair balance will add to your credibility with your customers. Only share and leave behind approved materials.</p>

HOW TO USE YOUR EDETAIL



Home page

The home screen allows you to easily navigate to the chapter of the eDetail that best addresses your customers' needs based on your pre-call planning, opener, and probes.

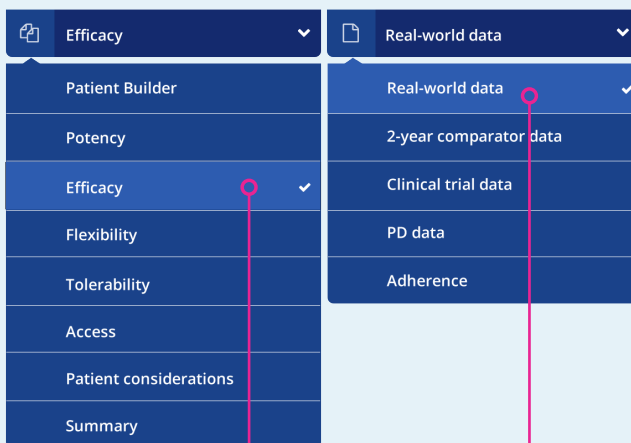
Each of the phrases in the **center of the home screen is a button** that takes you directly to the associated chapter.

Additionally, if you swipe left, you can engage your customer with a new tool—the **Patient Builder**. (Details on page 10.)



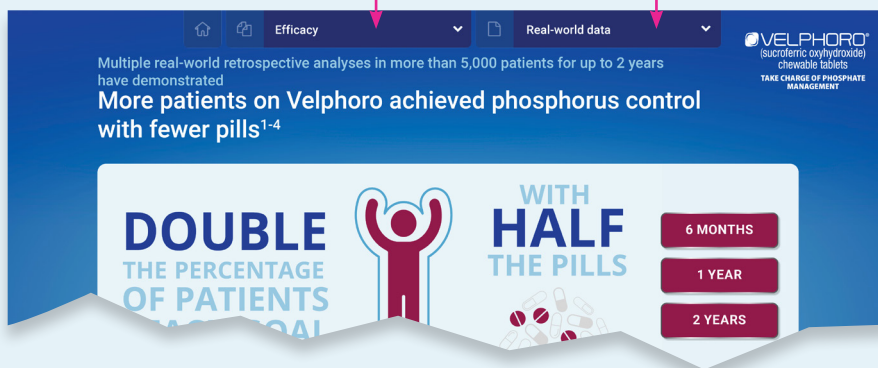
Chapters

There are several chapters that make up this entire eDetail. Each chapter contains **pages** that tell a comprehensive story around the specific chapter subject.



Pages

Your content pages are your building blocks; they are the screens that you detail from. Each page belongs to a larger chapter.

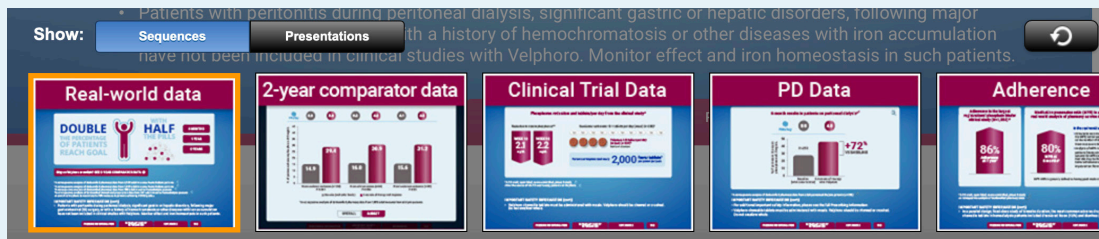


ACCESSING YOUR MI HEADER AND FOOTER BARS

Tap the top left corner of the screen to view the MI menu. Tap the Velphoro logo in the top right corner to return to the home screen.



Upon tapping either of the bottom 2 corners, you will display and have access to the bottom tray, which presents thumbnails of each screen in the eDetail that can be tapped. This creates a good way to jump around the presentation quickly.



NOTE: You can switch to another presentation that has been loaded into your iPad by tapping the "Presentations" button.

ACCESSING THE PI, ISI, VAS, AND REFERENCES TABS

The four tabs at the bottom of your screen appear on every content page.

Multiple real-world retrospective analyses in more than 5,000 patients for up to 2 years have demonstrated **More patients on Velphoro achieved phosphorus control with fewer pills¹⁻⁴**

DOUBLE THE PERCENTAGE OF PATIENTS REACH GOAL

WITH HALF THE PILLS

6 MONTHS
1 YEAR
2 YEARS

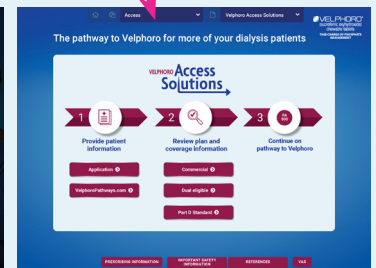
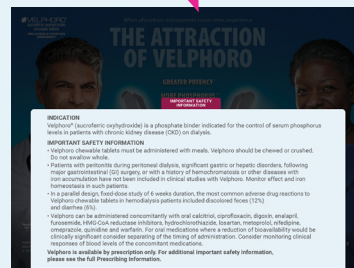
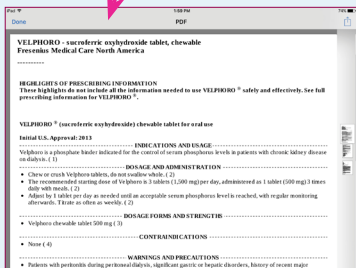
Stay on Velphoro or switch? SEE 2-YEAR COMPARATOR DATA ▶

*A retrospective analysis of deidentified pharmacy data from 4,925 adult in-center hemodialysis patients...¹
 †A retrospective analysis of deidentified pharmacy data from 1,029 adult in-center hemodialysis patients...²
 ‡A retrospective analysis of deidentified pharmacy data from 530 adult in-center hemodialysis patients...³
 §A retrospective analysis of deidentified clinical and prescription data from 241 adult in-center hemodialysis patients...⁴
 ¶A switch to Velphoro demonstrated a 95% increase in patients achieving KDOQI goals.²

IMPORTANT SAFETY INFORMATION (cont)

- Patients with peritonitis during peritoneal dialysis, significant gastric or hepatic disorders, following major gastrointestinal (GI) surgery, or with a history of hemochromatosis or other diseases with iron accumulation have not been included in clinical studies with Velphoro. Monitor effect and iron homeostasis in such patients.

PRESCRIBING INFORMATION IMPORTANT SAFETY INFORMATION REFERENCES VAS



Upon tapping “**Prescribing Information**,” a PDF of the PI will open inside the presentation.

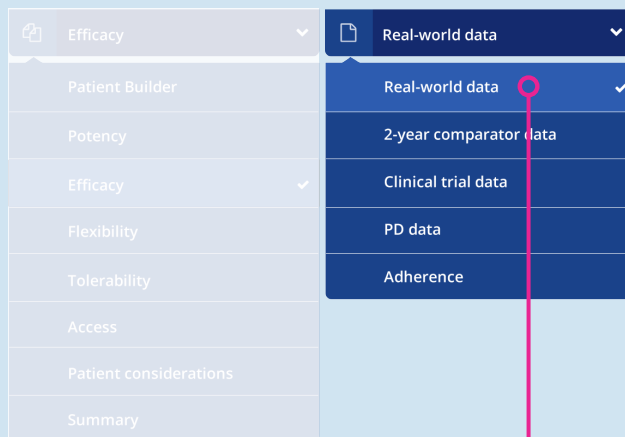
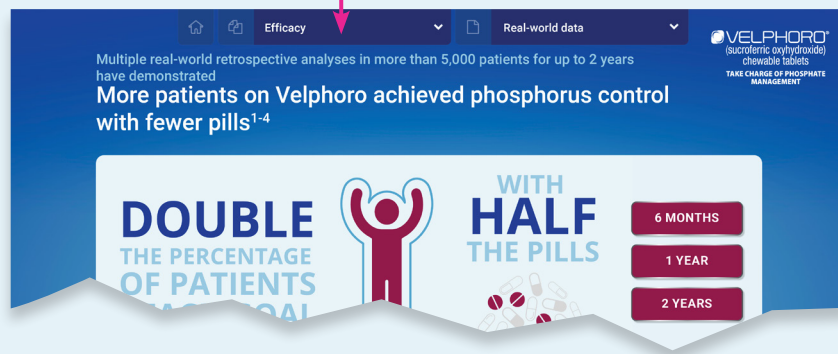
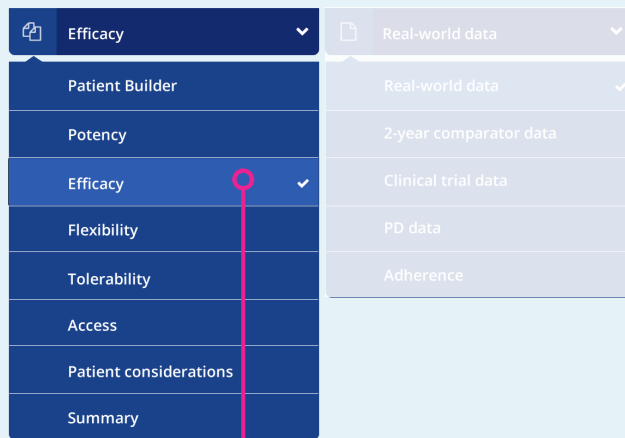
Upon tapping either “**Important Safety Information**” or “**References**,” a window-shade will slide up to reveal the content. The “References” tab provides a list of relevant references per page. To close out of either window, tap the tab again. For pages with no references, the “References” tab will appear inactive.

One tap takes you from any screen straight to the **Velphoro Access Solutions** page.

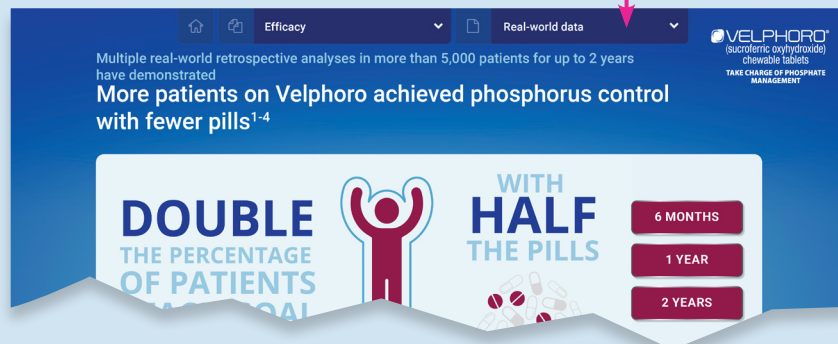
MENU TABS



The **chapter** drop-down menu (the tab on the left) will display the current chapter you are in. Tapping this will reveal all chapters available.



The **page** drop-down menu (the tab on the right) will display the page you are in within a given chapter. Tapping this area will reveal all of the pages in that chapter.

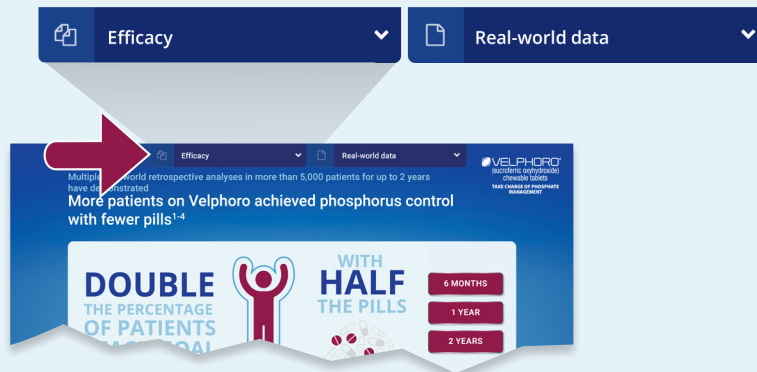


NAVIGATING TO A NEW CHAPTER OR PAGE

If you are in a certain chapter and you want to go to a different one,

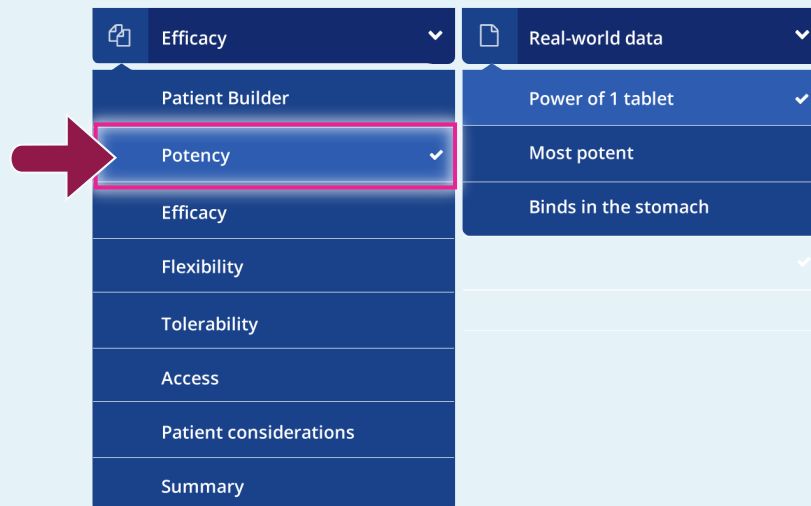
1

click on the left chapter tab,



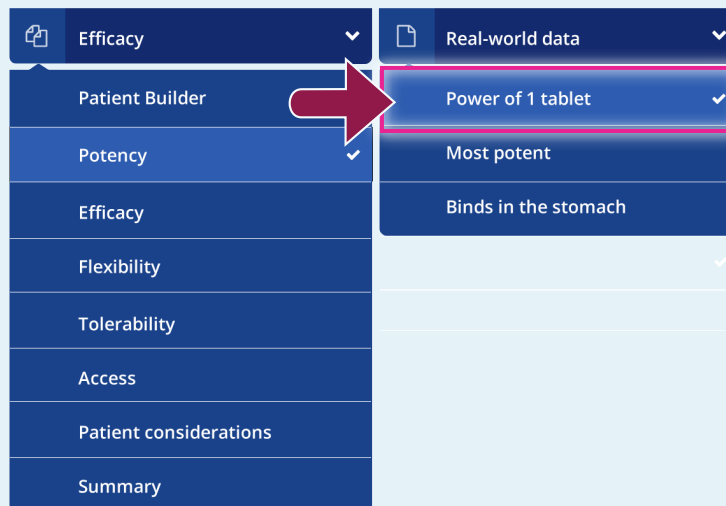
2

select the chapter you want to go to,



3

and then select the page you want to go to. The new page will display. As you swipe from that page, you will have access to all of the pages within the new chapter you've selected.



TAPPING ON PAGE FEATURES

On many screens there are buttons or tabs that allow you to choose additional information to share, toggle back and forth between screens, or increase the size of a chart image.

Velphoro is the most potent phosphate binder*1

Phosphate binding equivalent dose (PBED) relative to Velphoro (%)*1

Phosphate binder (equivalent dose of 1 tablet of Velphoro (%))	Percentage
Velphoro (200 mg)	100%
Sevelamer carbonate (800 mg)	38%
Ferric citrate (210 mg)	40%
Calcium lactate (667 mg)	42%
Calcium carbonate (750 mg)	47%
Lanthanum carbonate (500 mg)	63%

Velphoro is more powerful per tablet than other phosphate binders*1

*Based on an analysis of comparative clinical studies that...

IMPORTANT SAFETY INFORMATION (cont)

- Velphoro chewable tablets must be administered with meals. Velphoro should be chewed or crushed. Do not swallow whole.

PERCENTAGE | MULTIPLE

PERCENTAGE

MULTIPLE

The tab at the bottom of the potency chart allows the slide to function as a build. Toggle between showing the relative potency of Velphoro as a percentage, and then as a multiple compared with other binders.

TIME TO ONSET

Buttons on screens throughout each section let you select additional information you want to display or enable you to go directly to a related page.

Over 52 weeks, Velphoro was well tolerated with long-term use*1,2

GI adverse events were mild and most were transient—not dose dependent!

Adverse events (AEs) occurring in >5% of patients during the 52-week clinical study*1,2

- Diarrhea, 24%; generally occurred early in treatment, and resolved with continued use¹
- Discolored feces, 16%; expected with an iron-containing product¹
- Nausea: 10%; reported during the first 6 months, but diminished over time¹

The only phosphate binder with **NO contraindications***3,4

*A 52-week, open-label, active-controlled, phase 3 study.

IMPORTANT SAFETY INFORMATION (cont)

- Patients with peritonitis during peritoneal dialysis, significant gastric or hepatic disorders, following major gastrointestinal (GI) surgery, or with a history of hemochromatosis or other diseases with iron accumulation have not been included in clinical studies with Velphoro. Monitor effect and iron homeostasis in such patients.

TIME TO ONSET | SET EXPECTATIONS | BINDER COMPARISON



To see the footnote in its entirety, click the ... + sign and a pop-up will appear with the full text. To exit and return back to your screen, click the X on the upper right corner of the pop-up.

Over 52 weeks, Velphoro was well tolerated with long-term use*1,2

*A 52-week, open-label, active-controlled, phase 3 study evaluated the safety and efficacy of Velphoro in lowering serum phosphorus levels in patients on dialysis with chronic kidney disease on hemodialysis or peritoneal dialysis. In the titration phase (first 24 weeks), patients were randomized to receive either Velphoro or sevelamer carbonate to establish the noninferiority of Velphoro to sevelamer carbonate in lowering serum phosphorus at 12 weeks (secondary endpoint). The following table shows mean (SD) at 12 weeks established the noninferiority of Velphoro to sevelamer carbonate in lowering serum phosphorus (the primary endpoint). During a first long-term maintenance phase (weeks 28-52, n=158), patients continued phosphate binder treatment according to their original randomization for the assessment of long-term efficacy, safety, and tolerability.

†Based on an analysis of comparative clinical studies that...

IMPORTANT SAFETY INFORMATION (cont)

Patients with peritonitis during peritoneal dialysis, significant gastric or hepatic disorders, following major gastrointestinal (GI) surgery, or with a history of hemochromatosis or other diseases with iron accumulation have not been included in clinical studies with Velphoro. Monitor effect and iron homeostasis in such patients.



Tapping this icon will prompt an enlarged viewing of a visual.

6-month results in patients on peritoneal dialysis*1

Phosphorus control (mg/dL)

Timepoint	Mean (SD)
Baseline (n=258)	9.8
6 months of therapy (with other binder) (n=258)	4.9

+72% VS BASELINE

*In randomized trials of phosphate binders used for adult peritoneal dialysis patients (n=258).

IMPORTANT SAFETY INFORMATION (cont)

†For additional important safety information, please see the full prescribing information.

Velphoro chewable tablets must be administered with meals. Velphoro should be chewed or crushed. Do not swallow whole.

6-month results in patients on peritoneal dialysis*1

Phosphorus control (mg/dL)

Timepoint	Mean (SD)
Baseline (n=258)	9.8
6 months of therapy (with other binder) (n=258)	4.9

+72% VS BASELINE



Home icon or logo takes you to the home screen.

The power of 1 tablet of Velphoro...*1-3

- BINDS TO THE MOST PHOSPHORUS OF ANY BINDER* UP TO 130 mg²
- BINDS UP TO 96% OF AVAILABLE PHOSPHATE*
- MAKES PILL BURDEN REDUCED POSSIBLE*1

*In one study, comparing Velphoro phosphate binder at 0.5, 1, 2, 3, and 4 g to the phosphate binder group of active negative binders.

†Based on 13 mg of phosphate binder per day. Maximum bound phosphorus is 130 mg. *Based on 130 mg of phosphate binder per day. The maximum bound phosphorus is 130 mg.

IMPORTANT SAFETY INFORMATION (cont)

Velphoro can be administered concomitantly with oral calcium, cinacalcin, digoxin, enalapril, fexofenadine, and fentanyl. Full and partial agonists of the histamine H2 receptor, including ranitidine, famotidine, and esomeprazole, may reduce the bioavailability of Velphoro. Consider monitoring clinical responses of blood levels of the concomitant medications.

PAGE ANIMATIONS

There are several visuals in the presentation that animate when you tap them. The complete message on each page cannot be conveyed until you activate the animation.

Animations that occur on tap

The screenshot shows the 'Efficacy' chapter with the title 'In the largest registrational clinical study of phosphate binders...'. The main text states: 'With Velphoro monotherapy, patients maintained phosphorus control with HALF as many tablets as sevelamer*¹⁻³'. A graphic titled 'Phosphorus reduction and tablets/per day from the clinical study*' displays two bar charts for 'Reduction in serum phosphorus¹' at 'WEEK 12' (2.1 mg/dL) and 'WEEK 52' (2.2 mg/dL). To the right, it shows 'Sevelamer carbonate 10.1 tablets per day (mean) (n=250)¹' and 'Velphoro 4.0 tablets per day (mean) (n=284)¹'. A callout box states 'Patients on Velphoro took nearly 2,000 fewer tablets¹ per patient per year¹'. A blue arrow points to the graphic area.

In the Efficacy chapter, tap the graphic to load the rest of the sevelamer tablets.

The screenshot shows the 'Flexibility' chapter with the title 'Administration of Velphoro is flexible, adding to patient convenience and control¹'. A central graphic shows a tablet with 'PA' and '500' markings. Three callouts describe administration options: 'EASY TO BREAK OR CRUSH^{1,2}', 'EASY STARTING DOSE of 1 tablet per meal¹', and 'EASY TO CHEW^{1,2}'. A blue arrow points to the tablet graphic.

In the Flexibility chapter, tap the tablet to start the animation.

The screenshot shows the 'Patient considerations' chapter with the title 'As phosphate binder dose is titrated up, there is a risk of reducing adherence and increasing phosphorus levels*¹'. A graphic titled 'In a retrospective study (N=8,616)*¹' features a balance scale. The left pan, representing higher adherence, is lower and contains fewer pills, with text: 'LOWER ADHERENCE¹' and 'HIGHER PHOSPHORUS LEVELS¹'. The right pan, representing lower adherence, is higher and contains more pills, with text: 'HIGHER ADHERENCE¹' and 'LOWER PHOSPHORUS LEVELS¹'. A blue arrow points to the scale graphic.

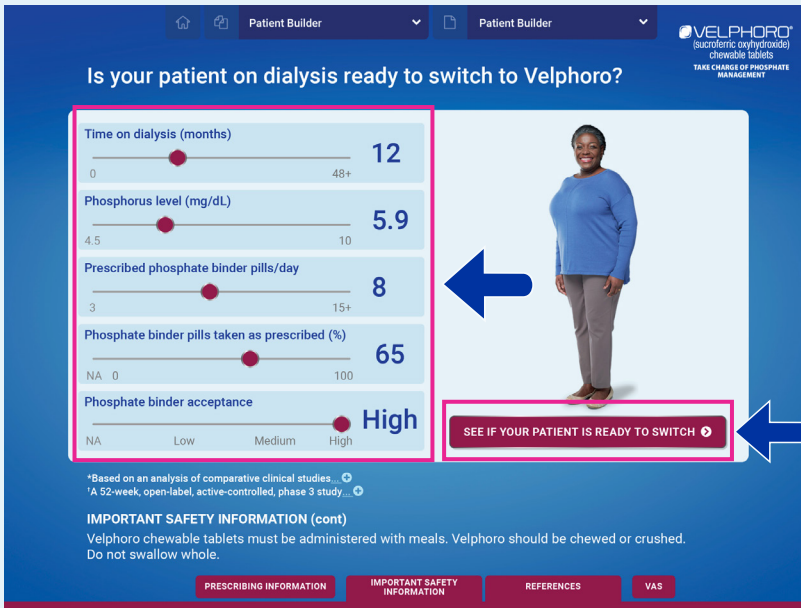
In the Patient Considerations chapter, tap the scale to activate the pill burden/adherence graphic.

INTERACTIVE FEATURES

Two screens in the eDetail enable you to engage customers in real time and customize the flow of your detail.

Patient Builder

From the home page, you can swipe left to begin the detail with the Patient Builder. The Patient Builder allows you to talk with your customer about a particular patient in their practice who may be ready to switch to Velphoro.

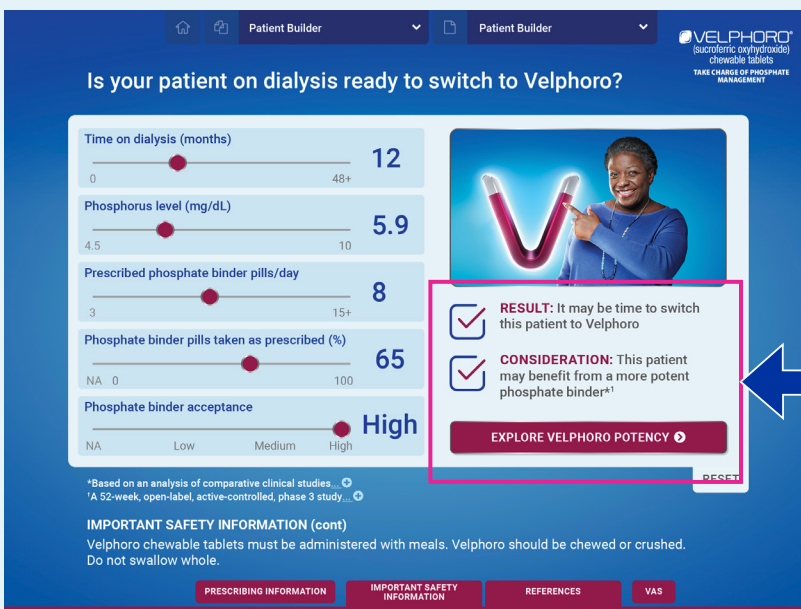


There are 5 sliders. Each one is a potential consideration if a patient is having issues with phosphate management.

As you slide the button to the right, the value is displayed at the right of the blue bar.

Tap the button on the right, beneath the image of the patient, to calculate results.

While it's not necessary to adjust every slider, doing so enables you engage your customer on each variable.



Based on the values reported for the patient:

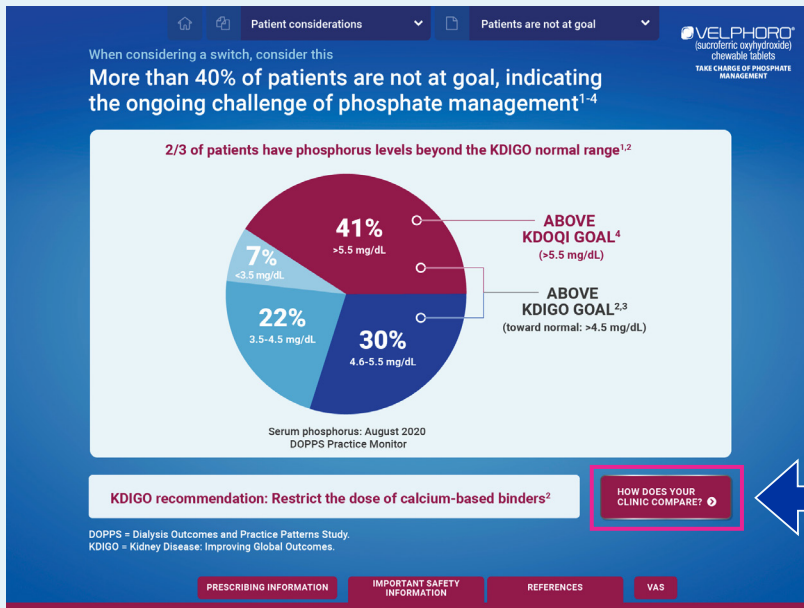
The **RESULT** appears on the right: It may be time to switch this patient to Velphoro.

The most relevant benefit of Velphoro appears as the primary **CONSIDERATION** for this patient.

Tap the button below to go directly to that chapter of the eDetail.

Goal Calculator

Access to the Goal Calculator has been moved from the Home page of the eDetail to the Patient Considerations chapter.



HOW DOES YOUR CLINIC COMPARE?

A button to reach the goal calculator can be found in the lower right corner of the page that illustrates the DOPPS data. That's where the conversation about how a customer's clinic compares to national statistics is most relevant.

Calculate how to meet center or practice goals

1 2 3
4 5 6
7 8 9
Reset 0 Back

Number of patients on a phosphate binder
Required field

Percentage of those patients with serum phosphorus in range
Required field

Center/practice goal (% of patients within range)
Required field

CALCULATE

Number of additional patients needed to make center/practice goals


LET'S TALK ABOUT THE REASONS PATIENTS MAY NOT BE AT GOAL

PRESCRIBING INFORMATION | IMPORTANT SAFETY INFORMATION | REFERENCES | VAS

CALCULATE

Each of the boxes on the goal calculator must be filled in before a result can be calculated. Insert numbers using the keypad to the left; tap the button to get the result.

The bar/button at the bottom closes the page. Use the top navigation to select the most relevant chapter based on your customer's response.

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