Diabetes Treatment Options: 
FROM FAMINE TO FEAST

Boehringer Ingelheim and Eli Lilly cordially invite you to an interactive evening designed to enhance your knowledge in type 2 diabetes management.

We will review current non-insulin treatments to understand how they work and how they can help you in the management of your patients. By providing this broad overview, we aim to address the plethora of diabetes treatments available today and assist you in individualising therapy for your patients with type 2 diabetes.

Date: Tuesday, 9th September 2014

Speaker(s): Prof. Merlin Thomas

Specialty: Endocrinologist

Venue: Vela 9, 9 A’Beckett Street, Inverloch VIC

Agenda:

6:30 - 7:00pm  
Registration

7:00 - 7:15pm  
Entrée

7:15 - 8:15pm  
Presentation

8:15 - 8:30pm  
Main Course

8:30 - 8:50pm  
Trajentamet Presentation

8:50 - 9:00pm  
Close
**RSVP FORM**

**SPEAKER:** Prof. Merlin Thomas  
**Meeting date:** Tuesday, 9th September 2014  
**Meeting venue:** Vela 9, 9 A’Beckett Street, Inverloch VIC  
**RSVP by:** 26th August 2014  

To RSVP please complete all relevant details below and email to: CRYSTAL_ALLY@LILLY.COM  
Or contact your local Boehringer Ingelheim/Eli Lilly representatives: Ally Crystal 0410 435 469  

- Yes, I would like to attend this meeting  
- No, I am unable to attend this meeting  

**PLEASE PRINT IN CAPITAL BLOCK LETTERS:**  

<table>
<thead>
<tr>
<th>Title:</th>
<th>Name:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Practice / Hospital:</td>
<td></td>
</tr>
<tr>
<td>Suburb:</td>
<td>State:</td>
</tr>
<tr>
<td>Phone:</td>
<td>Email:</td>
</tr>
</tbody>
</table>

**Special Dietary Requirements:**

**Privacy statement:** The personal information you provide to Eli Lilly Australia Pty Ltd ABN 39 000 233 992 (Lilly) and Boehringer Ingelheim Australia Pty Ltd ABN 52000 452 308 (BI) will be used solely for the purposes of this meeting. Your personal information will be stored securely and in strictest confidence. Submitting this information is voluntary but failure to do so may mean that you are not eligible to participate in this meeting. Lilly and BI may share the information as required by law. You are entitled to request access, correction or deletion of information held by us about you or make a complaint concerning your privacy or opt out of receiving further communications from us by contacting the Privacy Officer c/o Eli Lilly Australia Pty Ltd, 112 Wharf Road, West Ryde 2114 and the Privacy Officer c/o Boehringer Ingelheim Australia Pty Ltd, 78 Waterloo Road, North Ryde 2113.

---

**TRAJENTAMET PBS Information: Authority Required (STREAMLINED) Type 2 diabetes**

**Code 4423** - patients who have not previously received Trajenta.  
**Code 4448** - patients who have previously received metformin and Trajenta, or Trajentamet.  
Refer to PBS schedule for full authority required information.

---

**TRAJENTA PBS Information: Authority Required (STREAMLINED) Code 4488.**

Type 2 diabetes. Refer to PBS schedule for full authority information.

Before prescribing, please review the full Product Information which is available on request from Boehringer Ingelheim or from www.boehringer-ingelheim.com/au/PI

---

Life threatening lactic acidosis can occur due to accumulation of metformin. Risk factors include renal impairment, old age and the use of high doses of metformin above 2000mg per day.

---

**TRAJENTAMET** (linagliptin/metformin hydrochloride) 2.5mg/500mg, 2.5mg/850mg, 2.5mg/1000mg film-coated tablets. **INDICATION:** As an adjunct to diet and exercise to improve glycaemic control in adults with type 2 diabetes mellitus when treatment with both linagliptin and metformin is appropriate in patients inadequately controlled on metformin alone, or those already being treated and well controlled with the combination of linagliptin and metformin. In combination with a sulfonylurea (i.e., triple combination therapy) as an adjunct to diet and exercise in patients inadequately controlled on their maximal tolerated dose of metformin and a sulfonylurea. **CONTRAINdications:** Hypersensitivity to linagliptin and/or metformin hydrochloride or to the excipients; acute or chronic metabolic acidosis, including diabetic ketoacidosis, with or without coma, renal failure or renal dysfunction (CrCL < 60mL/min), which may be a result from cardiovascular collapse (shock), acute myocardial infarction, and septicaemia; acute or chronic disease which may cause tissue hypoxia (e.g. cardiac or respiratory failure, recent myoccardial infarction, shock); hepatic insufficiency, acute alcohol intoxication, alcoholism (due to the metformin component); discontinue temporarily in patients undergoing radiologic studies involving intravascular administration of iodinated contrast materials. **PRECAUTIONS:** Patients with type 1 diabetes or for the treatment of diabetic ketoacidosis; pancreatitis; hypoglycaemia (when combined with a sulfonylurea); lactic acidosis; decreased renal function; administration of iodinated contrast agent; hypoxic states; surgery; pregnancy; lactation; children (< 18 years). **INTERACTIONS:** Alcohol: (glucosidase; beta-2-agonists; diuretics; ACE inhibitors; intravenous administration of iodinated contrast agent; caloric agents eliminated by renal tubular secretion; antagonized by strong P-gp or CYP344 inducers. **ADVERSE REACTIONS:** Vomiting; diarrhoea, nausea, vomiting, abdominal pain, decreased appetite; combination with a sulfonylurea – hypoglycaemia; Common: gastrointestinal, diarrhea, taste disturbance. Others, see full PI. **DOSEAGE AND ADMINISTRATION:** One tablet taken twice daily with meals. Minimum recommended daily dose is 5mg of linagliptin and 2000mg of metformin. For patients inadequately controlled on maximal tolerated dose of metformin alone: The usual starting dose should provide linagliptin dosed as 2.5mg twice daily (5 mg total daily dose) plus the dose of metformin already being taken. For patients inadequately controlled on dual combination therapy with the maximal tolerated dose of metformin and a sulfonylurea. The dose should provide linagliptin dosed as 2.5mg twice daily (5 mg total daily dose) and a dose of metformin similar to the dose already being taken. When used in combination with a sulfonylurea, a lower dose of the sulfonylurea may be required to reduce the risk of hypoglycaemia.

*Please note changes in the Product Information

**References:**

---

Boehringer Ingelheim Pty Limited, ABN 52 000 452 308  
78 Waterloo Road, North Ryde, NSW 2113 Australia. Copyright © 2014

ELIG448 AUTGRM00002a Prepared March 2014

Eli Lilly Australia Pty Limited, ABN 39 000 233 992 112 Wharf Road, West Ryde, NSW 2114 Australia. Copyright © 2014

---

Page 2 of 2