BAXTER SHARES PROGRESS ON INCREASING DIALYSIS SUPPLIES FOR CRITICALLY ILL COVID-19 PATIENTS

- *Maximising production of the company's continuous renal replacement therapy (CRRT) machines, fluids and sets*
- *Allocating additional products to areas of highest demonstrated patient need*
- *Supporting access to alternative modes of kidney support therapy*

April 22, 2020 – Baxter International Inc., a global leader in acute care, today shared updates regarding its efforts to increase supply of critically needed dialysis products around the globe. The company is seeing demand up to five times greater than historical levels for multiple acute dialysis products as a result of an explosive rise in COVID-19 patients requiring access to continuous renal replacement therapy (CRRT). Baxter continues to collaborate with partners and governments worldwide to help address these challenges.

Maximising production capacity and supply: Baxter is maximising production of its CRRT machines, fluids and sets to help address unprecedented surges in demand for its acute dialysis products in Europe and the U.S. The company has added multiple work shifts, with all facilities manufacturing products used in COVID-19 patient care running 24 hours a day, seven days a week. It is also partnering with vendors on a component-by-component basis to procure additional raw materials and parts to support increased production.

Allocating product to areas of greatest patient need: Baxter's process for product allocations during the COVID-19 pandemic is based on specific criteria that helps deliver the company's life-saving products where they are needed the most. These efforts are informed in part from objective research sources, such as the Institute for Health Metrics and Evaluation, government data reporting, such as U.S. Centers for Disease Control and Prevention, and academic data, such as Johns Hopkins University & Medicine Coronavirus Resource Center. While current customers will continue to have access to Baxter products, this process will strive to dedicate additional inventory to hospitals around the world with the greatest COVID-19 patient care needs and will be updated regularly to reflect the dynamic situation.

Working closely with the MHRA: The UK Medicines and Healthcare products Regulatory Agency (MHRA) has developed a number of regulatory flexibilities to help manage challenges to the availability of critical products. Baxter has been working closely with the MHRA to apply these

flexibilities where possible, including the expedited assessment of batch specific variations. There are designed to make more product available to the market more quickly.

Supporting multiple modes of therapy: While the company believes CRRT is the preferred mode of dialysis therapy for COVID-19 patients, it is also supporting alternatives including both haemodialysis and peritoneal dialysis (PD) in the ICU. Baxter is working with many hospitals in the U.S. and Europe to implement PD in the ICU, providing the dialysis machines, PD fluids and training to enable nurses to successfully support patients.

Expanding employment opportunities to help meet increased product demand across Baxter's portfolio of medically essential products: Baxter is actively recruiting up to 2,000 new permanent and temporary positions globally, 250 of which are across the United Kingdom and Ireland – to help augment production across its facilities.

Ends

About Continuous Renal Replacement Therapy (CRRT)

During CRRT, the patient's blood passes through the extracorporeal (outside the body) filter where fluid and uremic toxins are removed. This cleaned blood is then returned to the body. CRRT allows for slow and continuous removal of fluid and toxins, which can be better tolerated in patients who are haemodynamically unstable.

About Acute Kidney Injury and COVID-19

In severe cases of COVID-19, patients may develop acute kidney injury (AKI), a condition where the kidneys suddenly stop working, and/or cytokine storms, which occur when high levels of the inflammatory mediators circulate in the blood as an intense immune reaction to the virus. Both conditions can be life-threatening and require intervention. Early studies suggest that 15 to 30%[1] of patients with severe forms of COVID-19 are developing AKI, while 67% of severely ill patients with COVID-19 infection may present with additional organ dysfunction syndromes that could be induced by a high level of circulating cytokines[2].

About Baxter

Every day, millions of patients and caregivers rely on Baxter's leading portfolio of critical care, nutrition, renal, hospital and surgical products. For more than 85 years, we've been operating at the critical intersection where innovations that save and sustain lives meet the healthcare providers that

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.

This statement includes forward-looking statements concerning CRRT, including potential benefits associated with their use, and the company's response to the COVID-19 epidemic, including with respect to the company's ability to support heightened product demand levels for CRRT machines, fluids and sets (through the new airbridge or otherwise) and to make product allocations based on need regardless of geographic location and its plans to hire additional employees. The statements are based on assumptions about many important factors, including the following, which could cause actual results to differ materially from those in the forward-looking statements: ability to maintain supply continuity; actions of regulatory bodies and other governmental authorities; contractual requirements, product quality, manufacturing or supply, or patient safety issues; changes in law and regulations; and other risks identified in Baxter's most recent filing on Form 10-K and other SEC filings, all of which are available on Baxter's website. Baxter does not undertake to update its forward-looking statements.

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[1] Yang X, Yu Y, Xu J, et al. Clinical course and outcomes of critically ill patients with SARS-CoV-2 pneumonia in Wuhan, China: a single-centered, retrospective, observational study [published online ahead of print, 2020 Feb 24] [published correction appears in Lancet Respir Med. 2020 Apr;8(4):e26]. Lancet Respir Med. 2020;. doi:10.1016/S2213-2600(20)30079-5; Huang C, Wang Y, Li X, et al. Clinical features of patients infected with 2019 novel coronavirus in Wuhan, China [published correction appears in Lancet. 2020 Jan 30:]. Lancet. 2020;395(10223):497–506. doi:10.1016/S0140-6736(20)30183-5; Naicker S, Yang CW, Hwang SJ, Liu BC, Chen JH, Jha V. The Novel Coronavirus 2019 epidemic and kidneys [published online ahead of print, 2020 Mar 7]. Kidney Int. 2020;. doi:10.1016/j.kint.2020.03.001

[2] Ronco C, Reis T, De Rosa S. Coronavirus epidemic and extracorporeal therapies in intensive care: si vis pacem para bellum [published online ahead of print, 2020 Mar 13]. Blood Purif. 2020;1–4. doi:10.1159/000507039

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