

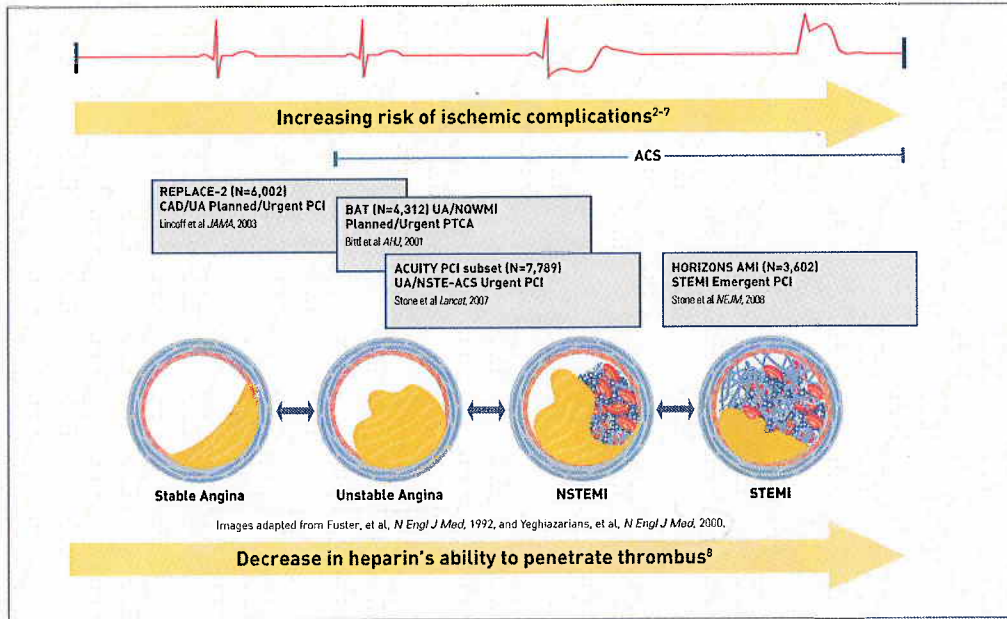
In patients undergoing PCI

# ANGIOMAX: documented victories across a broad spectrum of patients from stable to STEMI



## Unsurpassed ischemic efficacy throughout the risk spectrum

- Demonstrated unsurpassed ischemic efficacy and reduced bleeding vs heparin with or without glycoprotein (GP) IIb/IIIa inhibitor<sup>4,5</sup>
- Well supported by 7 major randomized trials<sup>1,4,5</sup>
- Patients ranged across a spectrum of increasing risk of ischemic complications<sup>2,5</sup>



ANGIOMAX has been given a Class I recommendation in the following national ACC/AHA guidelines:

Patient type	Guidelines/recommendation	ANGIOMAX
UA/NSTEMI	ACC/AHA for UA/NSTEMI [Class I-B, IIa-B] <sup>1</sup>	✓
STEMI	ACC/AHA for STEMI [Class I-B] <sup>4</sup>	✓
Patients undergoing PCI	ACC/AHA/SCAI for PCI [Class I-C] <sup>11</sup>	✓

**ANGIOMAX: CONFIRMED BY CLINICAL EVIDENCE AND RECOMMENDED BY EXPERTS<sup>2-5,9-11</sup>**

## Safety considerations

ANGIOMAX with provisional GP IIb/IIIa inhibitor is indicated for use as an anticoagulant in patients undergoing PCI and in patients with or at risk for HIT/HITTS undergoing PCI. ANGIOMAX is intended for use with aspirin and has been studied only in patients receiving concomitant aspirin. ANGIOMAX is contraindicated in patients with active major bleeding or hypersensitivity to ANGIOMAX or its components. The most common (≥10%) adverse events for ANGIOMAX were back pain, pain, nausea, headache, and hypotension. An unexplained fall in blood pressure or hematocrit, or any unexplained symptom, should lead to serious consideration of a hemorrhagic event and cessation of ANGIOMAX administration.

References: 1. ANGIOMAX Prescribing Information. The Medicines Company, Parsippany, NJ, December 6, 2005. 2. Lincoff AM, Harrington RA, et al. Bivalirudin versus heparin during coronary angioplasty for unstable or postinfarction angina: final report reanalysis of the Bivalirudin Angioplasty Study. *Am Heart J*. 2007;142:952-957. 3. Bhatt JA, Chaitman BR, Fair F, et al. Bivalirudin versus heparin during coronary angioplasty for unstable or postinfarction angina: final report reanalysis of the Bivalirudin Angioplasty Study. *Am Heart J*. 2007;142:952-957. 4. Stone GW, White HD, Ohman EM, et al. for the Acute Catheterization and Urgent Intervention Triage Strategy (ACUITY) Trial Investigators. Bivalirudin in patients with acute coronary syndromes undergoing percutaneous coronary intervention. *Lancet*. 2007;369:921-929. 5. Stone GW, Witztachler B, Guagliumi G, et al. Bivalirudin during primary PCI in acute myocardial infarction. *N Engl J Med*. 2008;358:2218-2230. 6. Fuster V, Badieron L, Badman JJ, Chesebro JH. Mechanisms of disease: the pathogenesis of coronary artery disease and the acute coronary syndromes. *N Engl J Med*. 1992;326:242-250. 7. Yeghiazarians Y, Braunstein JB, Askari A, Stone P. Unstable angina pectoris. *N Engl J Med*. 2000;342:1011-114. 8. Rich JD, Muruganare JM, Young EM, et al. Heparin resistance in acute coronary syndromes. *J Thromb Thrombolysis*. 2007;23:92-106. 9. Anderson JL, Adams CD, Antman EM, et al. ACC/AHA 2007 guidelines for the management of patients with unstable angina/non-ST-elevation myocardial infarction: executive summary. *Circulation*. 2007;116:803-877. 10. 2009 focused updates: ACC/AHA guidelines for the management of patients with ST-elevation myocardial infarction (updating the 2004 guideline and 2007 focused update) and ACC/AHA/SCAI guidelines on percutaneous coronary intervention (updating the 2005 guideline and 2007 focused update). Kushner FG, Hand M, Smith SS, et al. *Am College of Cardiology* 2009. 54, Vol. 54, No 23; 2205-41. 11. King SB, Smith SC, Hirshfeld JW, et al. 2007 focused update of the ACC/AHA/SCAI 2005 guideline update for percutaneous coronary intervention. *Circulation*. 2008; 117:261-295.

Please see representative at exhibit for full Prescribing Information.



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**Angiomax<sup>®</sup>** (bivalirudin)  
FOR INJECTION  
Potent efficacy. Proven outcomes.

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