

The single injection hyaluronic acid treatment for
OA of both the knee and hip



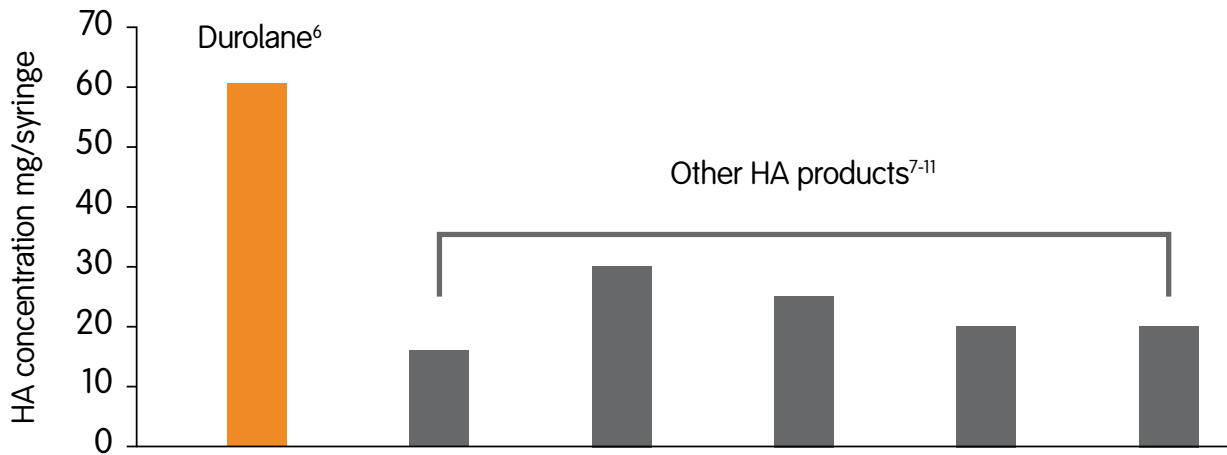
Not available in the USA

References:

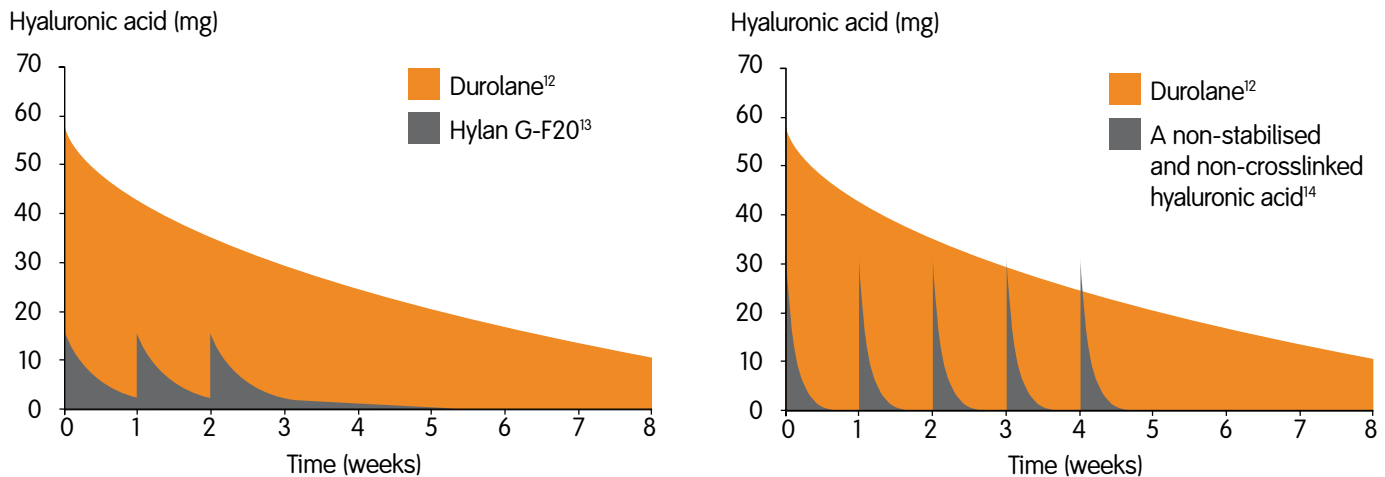
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- 7 Synvisc® Prescribing Information.
- 8 Orthovisc® Prescribing Information.
- 9 Supartz® Prescribing Information.
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- 12 Durolane® Data on File.
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Advantages of DUROLANE[®] single injection therapy

Delivers a high concentration of hyaluronic acid to the joint space⁶



Stabilised for prolonged joint residence time¹²



The elimination of hyaluronic acid from the joint space as a function of time for the DUROLANE[®] product and for products containing non-stabilised hyaluronic acid

Single injection

Relieves pain and improves joint mobility for at least three months^{15,17}

May mean less injection-related discomfort and fewer hospital visits, encouraging patients to continue long-term treatment

May be more efficient use of healthcare resources

Non-animal source

Non-animal source has minimal risk of contamination with animal allergens or pathogens (eg viruses)

No reported reactions of painful and severe acute inflammatory reactions (pseudosepsis)¹⁹ which have been known to occur with animal-based HA

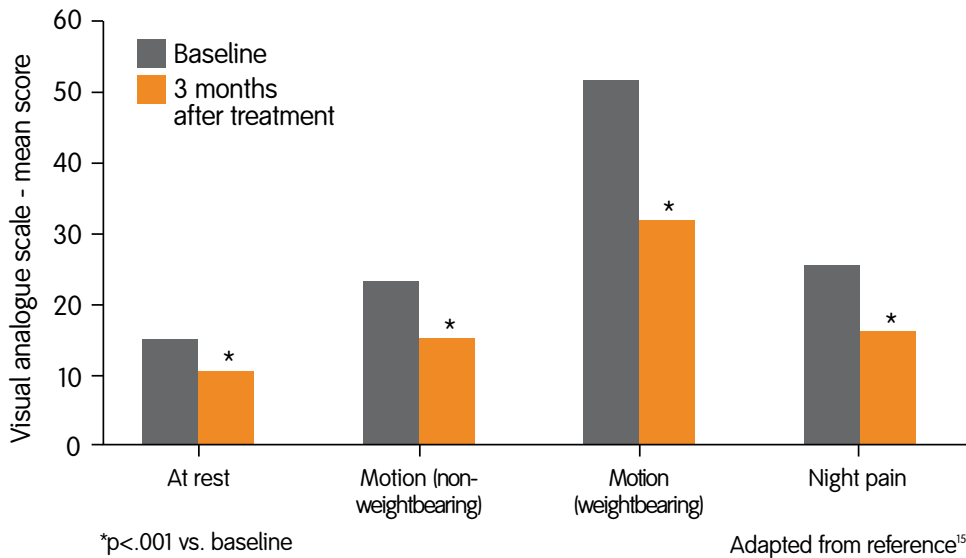
Proven efficacy in knees

Significant reductions in pain at 3 months vs. baseline¹⁵

Highly significant ($p < 0.001$) reductions in pain at 3 months versus baseline as measured by the visual analogue scale (VAS) for 103 patients who received DUROLANE® single injection therapy¹⁵

80% of these patients reported satisfaction with the treatment (very good/good/fair)¹⁵

Adverse events (5%) were generally transient and did not require medical interventions¹⁵

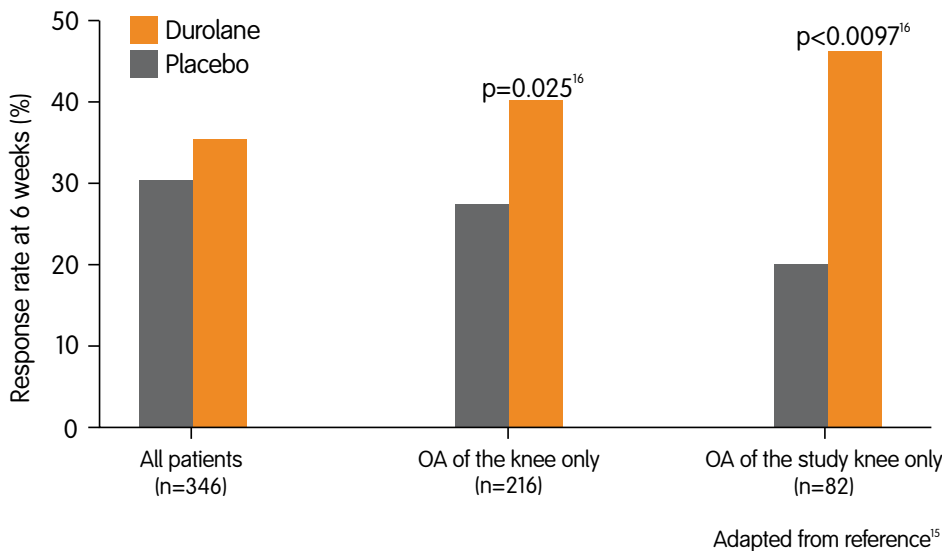


Significantly superior than placebo¹⁶

DUROLANE therapy was significantly superior to placebo at week 6 ($n=216$)¹⁶

The benefit was greater in patients ($n=82$) with OA restricted to the study knee¹⁶

Treatment-related adverse events affected similar numbers of patients in both arms of the study¹⁶



26-week double-blind, multicentre study, 346 patients were randomly allocated to receive DUROLANE® therapy ($n=172$) or placebo ($n=174$). A positive response to treatment was defined as a reduction in WOMAC pain score from baseline of at least 40% together with an absolute decrease of at least five points.

Proven efficacy in hips

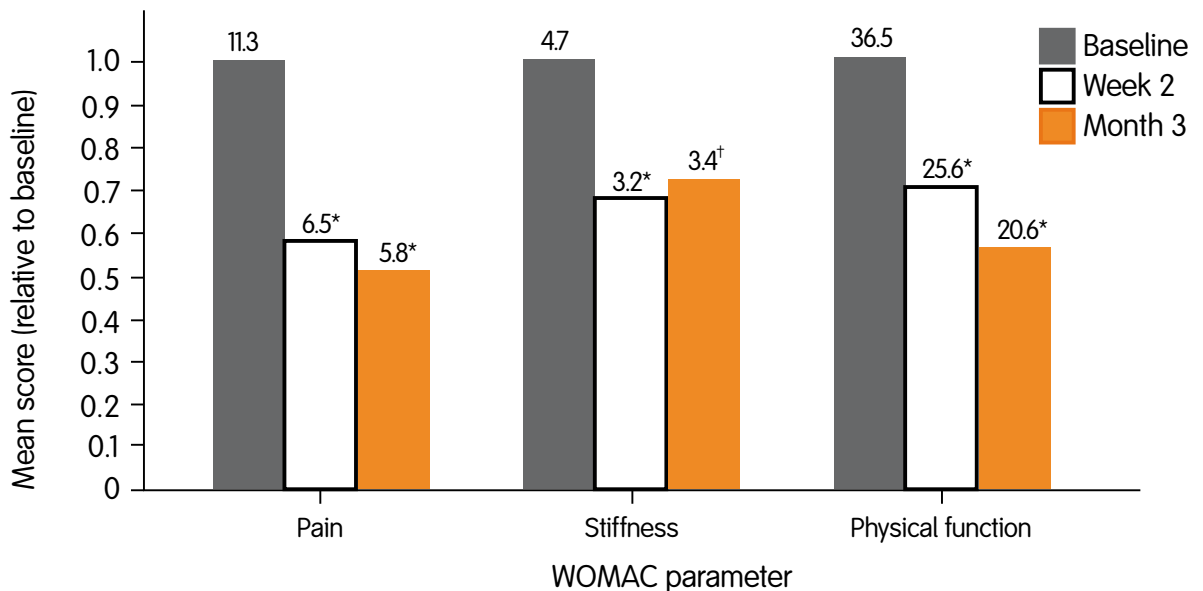
Reduction in pain and stiffness with improvement in physical function vs. baseline¹⁷

At three months post-treatment, the overall response rate was 55%¹⁷

The proportion of patients rating their global status as 'good or very good' increased from 0% at baseline to 46% at month three¹⁷

DUROLANE[®] was well tolerated with no serious adverse events reported over the three months of follow-up¹⁷

Mean WOMAC scores for pain, stiffness and physical function before and after a single DUROLANE[®] intra-articular injection



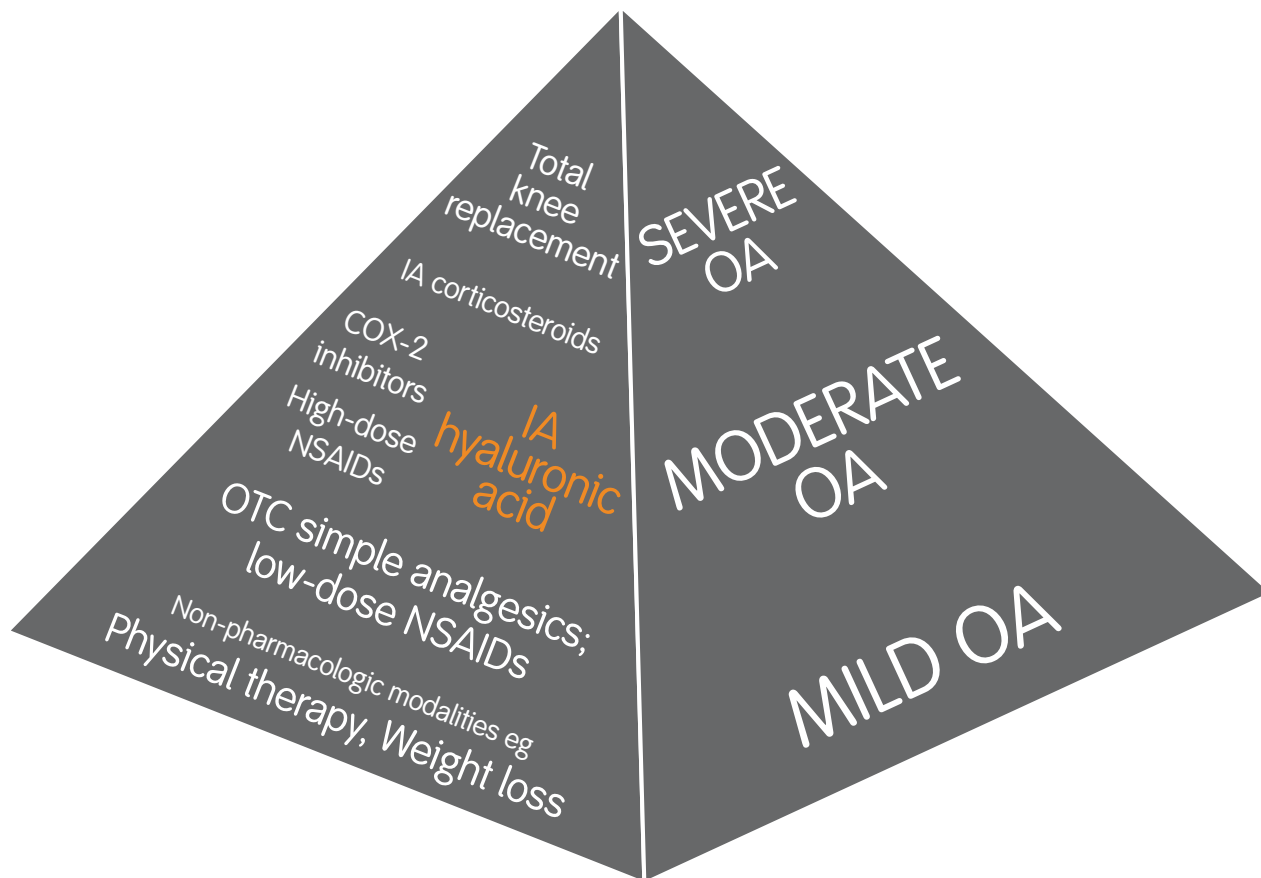
* p<.0001 vs. baseline
† p=0.0007

Adapted from reference¹⁷

31 patients with OA of the hip (according to ACR criteria, WOMAC pain score of at least 7 in one hip and significant hip pain for the majority of days prior to the study) received a single DUROLANE[®] injection. A positive response to treatment was defined as a reduction in WOMAC pain score from baseline of at least 40%, together with an absolute decrease of at least five points.¹⁷

When to use DUROLANE® injection therapy

ACR and EULAR recommendations for OA knee management^{2,3}



Derived from references 2 and 3

Long -term use of NSAIDs, including COX-2 inhibitors not supported⁴

Bjordal JM et al reported their conclusions from a systematic review and meta -analysis of 23 randomised, placebo-controlled trials in a 2004 BMJ article⁴

“NSAIDs can reduce short term pain in osteoarthritis of the knee slightly better than placebo, but the current analysis does not support long term use of NSAIDs for this condition”⁴

“As use of oral NSAIDs may incur serious adverse effects, they can only be recommended for limited use in osteoarthritis of the knee”⁴

How to use DUROLANE® injection therapy

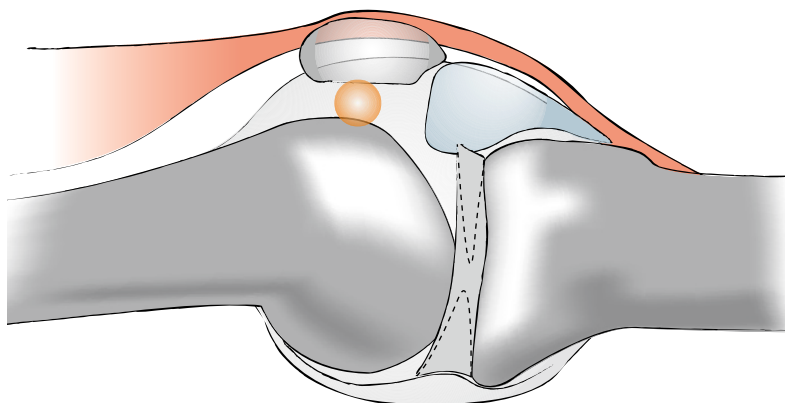
Clinicians using a lateral midpatellar extended-leg injection technique reported the most accurate (93%) approach for intra-articular needle placement in a knee with no effusion³

Rates of accuracy of intra-articular injections

Portal	Total no. of injections	Placement of needle (no. of injections)		Accuracy Rate
		Extra-articular	Intra-articular	
Anterolateral	80	23	57	71%
Anteromedial	80	20	60	75%
Lateral midpatellar	80	6	74	93%

From: Jackson DW et al. J Bone Joint Surg 2002; 84-A: 1522-1527

Injection into the lateral midpatellar portal



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