

Acute Ischemic Stroke Tenecteplase

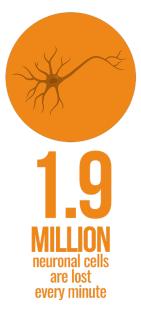
TENECTASE®

Indicated in thrombolytic treatment of Acute Ischemic Stroke (AIS) within 4.5 hours of stroke initiation

Transforming **Healthcare** www.gennova.bio

ST AND FOREMOST CAUSE OF PERMANENT DISABILITY





Stroke (haemorrhagic and acute ischemic stroke-AIS) is now the second-largest killer in the world after heart attack and the first and foremost cause of permanent disability¹.

It is responsible for more deaths annually than those attributed to AIDS, tuberculosis, and malaria combined². Stroke is no longer a disease of the developed world: Low and middle-income countries account for 87% of both stroke deaths and disabilityadjusted life years (DALYs) worldwide³.

According to the World Stroke Organization's Global Stroke Fact Sheet⁴-

- With **12.2 million** annual incidence of new stroke globally, it is likely that **1 in 4** people above the age of 25 will have a stroke
- Stroke is responsible for 6.5 million deaths and 143 million DALYs annually
- 2019 recorded a **7.6 million** new cases for Acute Ischemic Stroke (AIS)
- AIS accounts for >3.3 million deaths and 63 million DALYs every year

TREATMENT AND COST

The severity of stroke is related to the extent of damage caused by the infarction or haemorrhage by the time the patient is treated.

1.9 million neuronal cells are lost every minute in a typical stroke

patient, if no treatment is received⁵. Therefore, the time to treatment is critical, for improving outcomes.

Treatment must be started within 4.5 hours of the onset of the stroke symptoms. The cost of treatment is very high and beyond the reach of the common man. A person weighing 60 kg or more needs 100 mg of Activase[®] which costs ~\$9000 in the USA⁶.

THE SOLUTION

Tenecteplase, a 3rd generation thrombolytic, is a fibrin specific tissue plasminogen activator which is a much faster clot buster (acting in 5 sec) than the previous generation alteplase (2nd generation) and streptokinase (1st generation).







Tenecteplase vs Alteplase

Ease of Administration

Administered by IV bolus without the need of follow up infusion which is the case for Alteplase

Longer Half Life Tenecteplase - 18-22 min Alteplase - 3-5 min

More Specific to clot

Tenecteplase has greater fibrin specificity compared to Alteplase

More Resistant to

Inhibitors Tenecteplase is 80 times inhibitor (PAI-1) than Alteplase

Higher rates of recanalization

Tenecteplase may have superior recanalization rate compared to Alteplase

Safety Tenecteplase offers greater safety than Alteplase

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GENNOVA'S INNOVATION

Till August 2016, tenecteplase was approved only for AMI indication. Clinical trials conducted by Gennova in India has expanded the use of tenecteplase for the indication of acute ischemic stroke (AIS). The results of the clinical trials have been published in peer reviewed journal⁷.

This is the first time in the world a third generation thrombolytic, tenecteplase has been approved for AIS.

Gennova's product TENECTASE®, approved for treatment for (AIS) for 0 – 4.5 hrs from the onset of the symptom, based on clinical data and recommendations of top neurologists of the country.

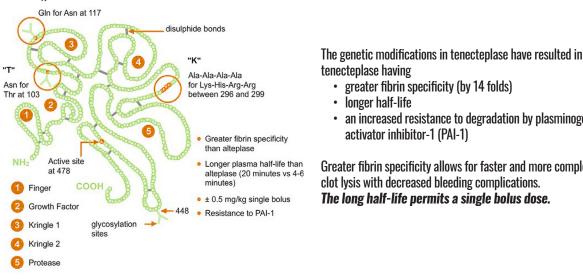
Tenecteplase has found its way in the list of drugs for emergency care for stroke management in the 'Guideline for Prevention and Management of Stroke - 2019'8, issued by the Ministry of Health

and Family Welfare, Govt. of India. The use of tenecteplase as a fibrinolytic has also been included in the 'Guidelines for the Early **Management of Patients with**

Acute Ischemic Stroke: 2019' by the American Heart Association/ American Stroke Association⁹.

Gennova has received the **DBT-Biotech Product**, **Process Development and** Commercialization award 2019 for the development of Tenectase, a 3rd generation thrombolytic glycoprotein for acute ischemic stroke (AIS).

Gennova has been granted a patent for the use of tenecteplase for stroke, in several countries. Since its approval in 2016, tenecteplase (TENECTASE®) has been administered to over 66,000 patients in India for the treatment of AIS, unequivocally demonstrating its safety and efficacy.



tenecteplase having greater fibrin specificity (by 14 folds)

- longer half-life
- an increased resistance to degradation by plasminogen activator inhibitor-1 (PAI-1)

Greater fibrin specificity allows for faster and more complete clot lysis with decreased bleeding complications. The long half-life permits a single bolus dose.

- http://www.who.int/healthinfo/global_burden_disease/en/ 1.
- http://health.economictimes.indiatimes.com/news/industry/4500-people-in-india-get-stroke-every-2. day/49582381
- 3. https://www.who.int/bulletin/volumes/94/9/16-181636/en/
- 4. https://www.world-stroke.org/assets/downloads/WSO_Global_Stroke_Fact_Sheet.pdf
- 5. https://www.ahajournals.org/doi/pdf/10.1161/01.STR.0000196957.55928.ab
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- https://www.ncbi.nlm.nih.gov/pubmed/31662037 9.
- 10. https://www.stemi-care.com/metalyse/biochemistry

Structure of tenecteplase¹⁰

Aaps are for graphical purposes only and not to scale.



Global Patent for

Pharmaceutical Compositions of Tenecteplase [TNK-tPA] GRANTED

> Gennova Biopharmaceuticals Limited, headquartered in Pune, India, is a biotechnology company dedicated to the development, production and commercialization of bio-therapeutics to address life-threatening diseases across various indications. Incorporating recombinant DNA technologies together with innovative bio-manufacturing practices, Gennova has created cost effective solutions for manufacturing and successfully commercializing bio-therapeutics across cardiovascular, neurology, nephrology and oncology markets. Gennova has developed an mRNA-based platform technology for a COVID-19 vaccine.



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