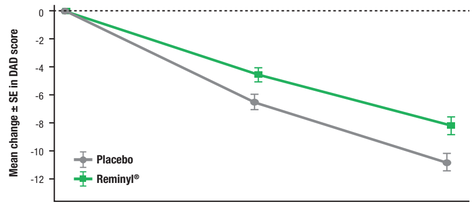
Reminyl® significantly slows down the functional decline by 24%[3]

- Reminyl® demonstrated less decline in activities of daily living by 24% vs placebo (p=0.002)



Number of patients			
Placebo	899	822	822
Reminyl®	900	811	810

Notes: *Significant difference between galantamine and placebo in DAD score change from baseline. Two sites (049134 and 049137) were excluded from the analysis due to GCP noncompliance.

DUAL MODE OF ACTION

Once-Daily Reminyl® PR GALANTAMINE

Reminyl®-treated patients had a significant higher survival rate†3
p=0.021

Reminyl® significantly slows down the cognitive decline by 34%
p<0.001

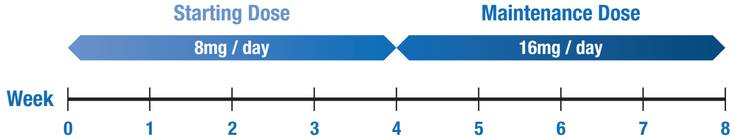
Reminyl® significantly slows down the functional decline by 24%
p=0.002

† versus placebo group.

Dosage and administration[1]

Once-Daily Reminyl® PR GALANTAMINE

- The recommended starting dose is 8 mg/day for 4 weeks.
- The initial maintenance dose is 16 mg/day and patients should be maintained on 16 mg/day for at least 4 weeks



Taken orally[Δ]

Dosed once-daily

Taken in the morning, preferably with food. Ensure adequate fluid intake during treatment

The maximum recommended maintenance dose is 24mg/day

[Δ]available in 8mg, 16mg and 24mg per capsule

REMINYL® Prolonged Release Capsules

ABBREVIATED PRESCRIBING INFORMATION

ACTIVE INGREDIENT(S): Galantamine hydrobromide **INDICATION(S):** Treatment of mild to moderately severe dementia of the Alzheimer type **DOSAGE & ADMINISTRATION:** Ensure adequate fluid intake during treatment. Recommended starting dose is 8 mg once daily in the morning (preferably with food) for 4 weeks; Initial maintenance dose is 16 mg once daily for at least 4 weeks; An increase to the maximum recommended maintenance dose of 24 mg once daily should be considered after appropriate assessment including evaluation of clinical benefit and tolerability. In individual patients not showing an increased response or not tolerating 24mg/day, a dose reduction to 16 mg/day should be considered. Maintenance treatment can be continued for as long as therapeutic benefit for the patient exists. Therefore, the clinical benefit of galantamine should be reassessed on a regular basis. Discontinuation should be considered when evidence of a therapeutic effect is no longer present. **CONTRAINDICATIONS:** Known hypersensitivity to galantamine hydrobromide or to any excipients used in the formulations. **SPECIAL WARNINGS & PRECAUTIONS:** Patients should be informed about the signs of serious skin reactions, and use of drug should be discontinued at the first appearance of skin rash or any other sign of hypersensitivity. Monitor patient's weight during therapy. Administer with caution in patients at risk on cardiac conduction due to vagotonic effects of cholinomimetics on heart rate, including bradycardia and all types of atrioventricular node block. Monitor patients at increased risk of developing peptic ulcers. Use of REMINYL is not recommended in patients with gastro-intestinal obstruction or recovering from gastro-intestinal surgery. Monitor patients for seizures. Prescribe with care for patients with a history of severe asthma or obstructive pulmonary disease. Use of REMINYL is not recommended in patients with urinary outflow obstruction or recovering from bladder surgery. REMINYL is not indicated for individuals with mild cognitive impairment (MCI). **SIDE EFFECTS:** Nausea and vomiting, the most frequent adverse drug reactions, occurred mainly during titration periods, lasted less than a week in most cases and the majority of patients had one episode. Refer to the full prescribing information for other side effects. **PREGNANCY & LACTATION:** REMINYL should be used during pregnancy only if the potential benefit justifies the potential risk to the fetus. Women on REMINYL should not breast-feed. **INTERACTIONS:** Other cholinomimetics. Anticholinergics. Drugs that significantly reduce heart rate (e.g. digoxin and beta blockers). Succinylcholine-type muscle relaxants. Potent inhibitors for CYP2D6 or CYP3A4.

PLEASE REFER TO FULL PRESCRIBING INFORMATION BEFORE PRESCRIBING.

API version to be quoted on promotional material: Reminyl aPI ver. 3.0

References: 1. REMINYL® Hong Kong Prescribing Information P06 **2.** Lilienfeld S et al. Galantamine – A novel cholinergic drug with a unique dual mode of action for the treatment of patients with Alzheimer's disease. CNS Drug Reviews (8):2; 159-176. **3.** Hager et al. Effect of Galantaminein 2 year, randomized, placebo-controlled study in Alzheimer's disease. Neuropsyhchiatric disease and treatment 2014;10 391-401, published in DovePress Journal, 25 Feb 2014.

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Manufactured by:

janssen
PHARMACEUTICAL COMPANIES OF Johnson&Johnson

Once-Daily Reminyl® PR GALANTAMINE

Helping your patients with mild and moderately severe dementia of Alzheimer type[1]

For sales distribution to HCPs

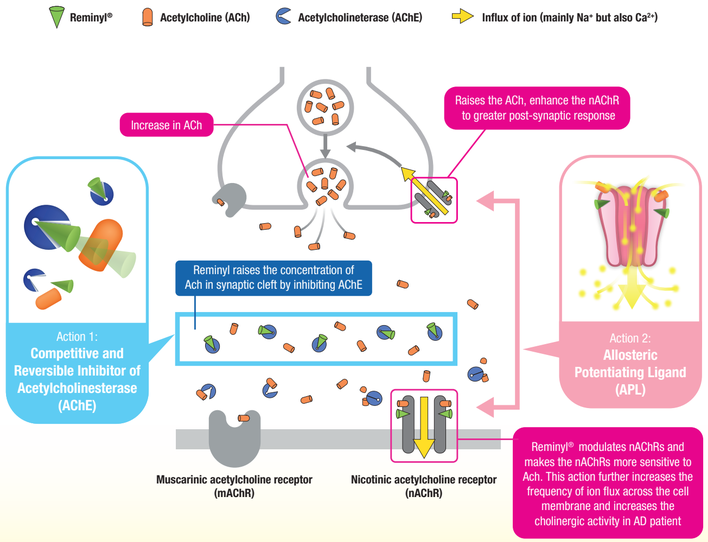
DUAL MODE OF ACTION

Once-Daily Reminyl® PR GALANTAMINE

Reminyl® is indicated for the treatment of mild to moderately severe dementia of the Alzheimer type.[1]

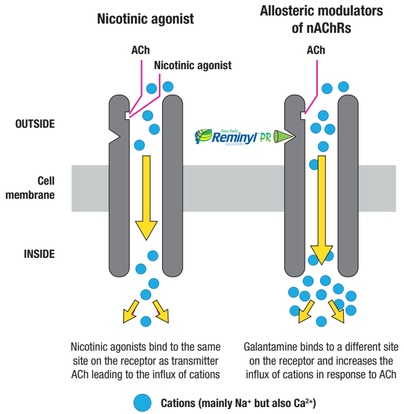
DUAL MODE OF ACTION:[1]

1. Reversible Inhibitor of Acetylcholinesterase (AChE)
2. Allosteric Potentiating Ligand (APL)
   – Allosteric modulation of nicotinic acetylcholine receptors (nAChRs)



AD – Alzheimer's disease; **APL** – Allosteric Potentiating Ligand; **ACh** – Acetylcholinesterase; **nAChR**– Nicotinic acetylcholineterase receptor.

Differences between an allosteric modulator and a full nicotinic agonist[2]



Reminyl® as APL binding makes AChRs more sensitive to ACh

↓

Enhancing the response of nAChRs to available to Ach

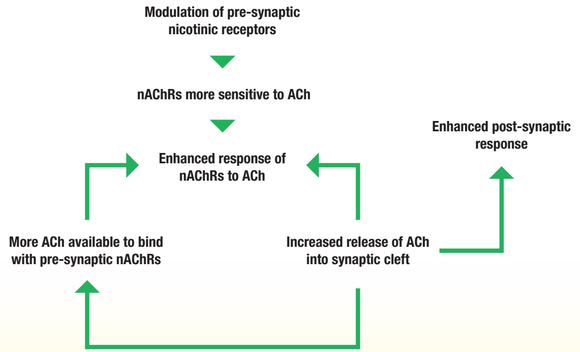
↓

Increasing the frequency ion flux across the cell membrane

↓

Reminyl® increases the cholinergic activity in Alzheimer's patient

Allosteric modulation and correction of cholinergic deficit[2]

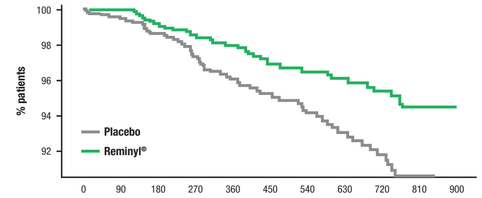


AD – Alzheimer's disease; **APL** – Allosteric Potentiating Ligand; **ACh** – Acetylcholinesterase; **nAChR**– Nicotinic acetylcholineterase receptor.

Reminyl® –treated patients had a significantly higher survival rate[#,3]

Patient receiving Reminyl had a significantly higher survival rate[#,3]

- Randomized placebo-controlled study
- Patient receiving Reminyl® had a significant higher survival rate than the placebo-treated patients



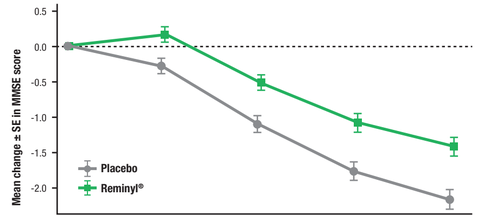
Hager K et al. Neuropsychiatric disease and treatment 2014:10, 391-401.

Patients at risk											
Placebo	1,021	947	816	699	633	552	492	411	332	3	0
Reminyl®	1,024	943	811	715	639	571	512	432	356	7	0

[#] Early termination recommended due to a statistical difference in deaths between the blinded treatment groups.

Reminyl® significantly slows down the cognitve decline by 34%[3]

Slower cognitive decline in Reminyl® group measured by MMSE ($p<0.001$)



Hager K et al. Neuropsychiatric disease and treatment 2014:10, 391-401.

Number of patients					
Placebo	906	888	891	891	891
Reminyl®	905	873	874	874	874

* Significant difference between galantamine and placebo in MMSE score change from baseline. Two sites (049134 and 049137) were excluded from the analysis due to GCP noncompliance. Estimates of treatment differences (95% CIs) of MMSE using the repeated measures model (OC) were: –0.48 (–0.73 to –0.22) at month 6, and –1.10 (–1.67 to –0.52) at month 24.

Study design: This was a randomized, double-blind, placebo-controlled, parallel-group, multicenter study, conducted from May 19, 2008 to May 20, 2012, of galantamine vs placebo in patients with mild to moderately severe AD. The primary efficacy end point was cognitive change from baseline to month 24, as measured by the Mini-Mental State Examination (MMSE) score, analyzed using intent-to-treat analysis with the 'last observation carried forward' approach, in an analysis of covariance model.