넥스팜코리아
NEXPHARM KOREA

MAJOR PRODUCTS

FLOGA® Tablet (Dapagliflozin)

DESVELA ER Tablet (Desvenlafaxine)

NURITAN Tablet (Desmopressin)

FOSFO Powder (Fosfomycin)

IDIZOLE Capsule (Itraconazole)

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HOMEPAGE http://www.nexpharm.co.kr

DESVELA extended-release tablet

[Desvenlafaxine 100mg, 50mg, 25mg]

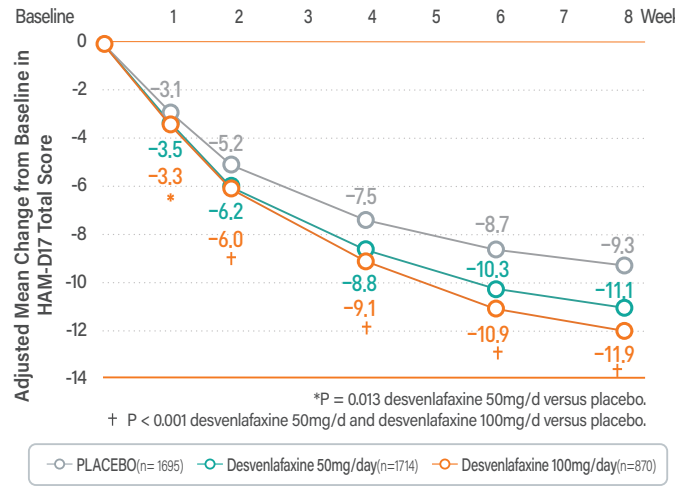
Recommended as a first treatment for Major Depressive Disorder(MDD)

1. **American Psychiatric Association(APA)'s MDD Treatment guidelines**
   - Desvenlafaxine is recommended as 1st medication(Level 1)
2. **Canadian Network for Mood and Anxiety Treatment (CANMAT)'s guidelines**
   - Desvenlafaxine is recommended as 1st medication(First Line Recommendations)

Significantly improved the depressive symptoms in patients with Major Depressive Disorder(MDD)

Both the Desvenlafaxine 50mg/day group and 100mg/day group significantly improves the HAM-D17 total score compared to the placebo group starting from the first or second week of treatment.

Adjusted mean changes from baseline in HAM-D17 total scores

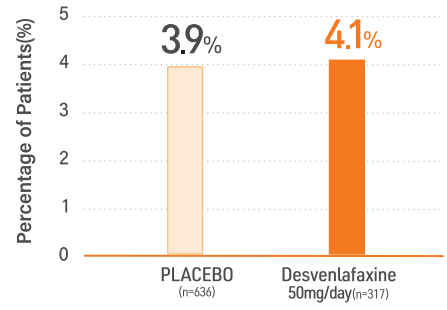


Reference Martin A Katzman et al. (2017) Speed of Improvement in Symptoms of Depression With Desvenlafaxine 50mg and 100mg Compared With Placebo in Patients With Major Depressive Disorder. J Clin Psychopharmacol 37(5):555–561.

The treatment discontinuation rate due to adverse reactions of Desvela ER Tablets was at the same as that of the placebo group

Both the Desvenlafaxine 50mg/day group and the placebo group showed the same level of treatment discontinuation rate due to adverse reactions.

Desvenlafaxine Discontinuation Rates Due to adverse events: Pooled Data from 5 Fixed-Dose Studies



Reference Clayton et al. (2009). An Integrated Analysis of the Safety and Tolerability of Desvenlafaxine Compared with Placebo in the Treatment of Major Depressive Disorder. CNS Spectr. 14(4):183–95.

NURITAN Tablet

[Desmopressin acetate 0.2mg, 0.1mg]

A first-line recommended drug for treatment of nocturia in men with Lower Urinary Tract Symptoms (LUTS)

1. **European Association of Urology(EAU)'s Nocturnal Enuresis Treatment guidelines**
   - Desmopressin is recommended as 1st medication (Level 1a, A grade)
2. **International Consultation on Urological Diseases Committee(ICUD)'s Nocturnal Enuresis Treatment guidelines**
   - Desmopressin is recommended as 1st medication(Level 1, A grade)

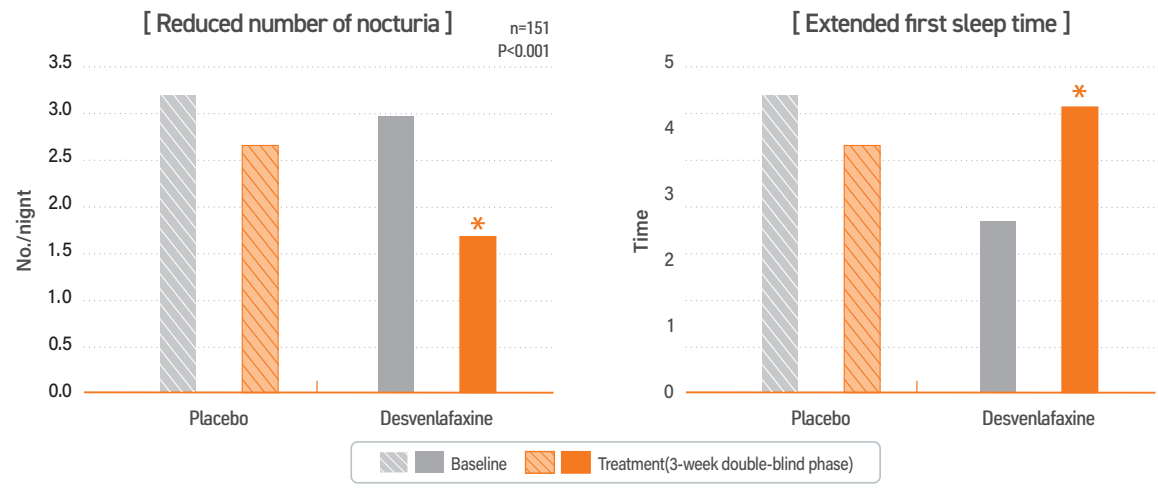
More effective than vasopressin

- Higher V2 receptor selectivity : Desmopressin primarily acts on V2 receptors in the kidneys, leading to a strong antidiuretic effect by retaining water in the kidneys and reducing urine production.
- Long-lasting drug effect
- Reduced side effects

The effectiveness of existing Overactive Bladder(OAB) or Benign Prostatic Hyperplasia(BPH)'s treatment for nocturia was limited.

→ **Desmopressin is the only antidiuretic that improves noctumal enuresis.**

The effect of desmopressin on nocturia



Reference A Mattiasson et al.(2002). Efficacy of desmopressin in the treatment of nocturia. BJU Int. 2002 Jun;89(9):855-62.

FOSFO Powder

[Fosfomycin trometamol 3g]

UTI(Urinary Tract Infection) 1st recommended Antibiotic

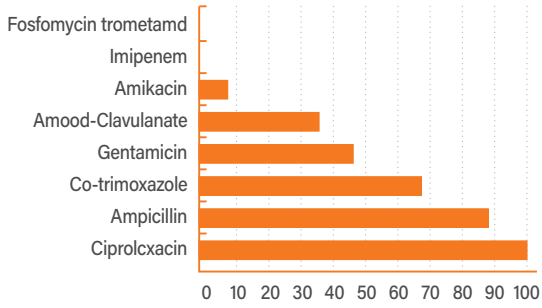
1. **Infectious Diseases Society of America(IDSA)'s Cystitis treatment guidelines**
   - Fosfomycin trometamol is considered as 1st medication for acute uncomplicated cystitis
2. **European Association of Urology(EAU)'s Urinary Tract Infection treatment guidelines**
   - Fosfomycin trometamol is recommended as 1st medication for Urinary Tract Infection.

- One-dose treatment for simple cystitis
- Low side effects because it acts specifically on the urinary system
- Effective against both gram-positive and gram-negative bacteria, and most effective against bacteria that cause urinary tract infections.
- Antibiotics with low resistance expression rate and no cross-resistance

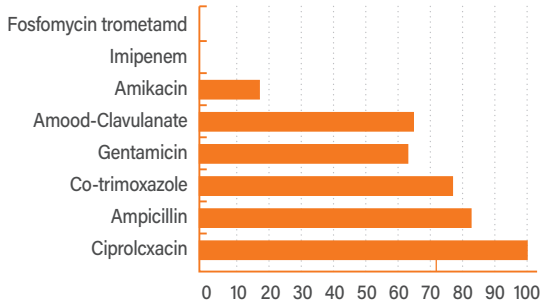
Excellent urinary tract infection treatment

Fosfomycin trometamol is highly active against Ciprofloxacin-resistant or ESBL-producing E and coli strains.

[Resistance rate for ciprofloxacin-resistant E. coli]



[Resistance rate to ESBL-producing E.coli]

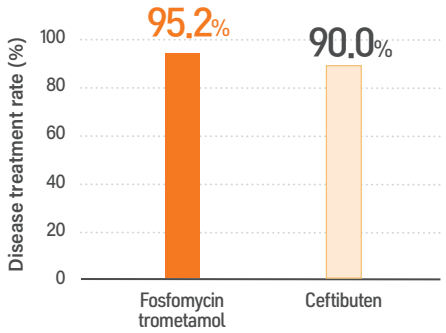


Reference International Clinical Guidelines for the Treatment of Acute Uncomplicated Cystitis and Pyelonephritis in women, The Infectious Disease society of America, 2010. European Association of Urology Guideline 2013 edition, EAU guideline 2013 about Urinary tract infection.

Safe antibiotic that can be dministered to pregnant women and elderly patients without dose adjustment

- *41 pregnant women presenting with clinical symptoms of acute cystitis*
- *Fosfomycin trometamol 3g (titer) once administered group, Ceftibuten 400mg once a day for 3 days orally administered group.*

Effects of UTI treatment in pregnant women



Reference International Clinical Guidelines for the Treatment of Acute Uncomplicated Cystitis and Pyelonephritis in women, The Infectious Disease society of America, 2010. European Association of Urology Guideline 2013 edition, EAU guideline 2013 about Urinary tract infection.

FLOGA® Tablet

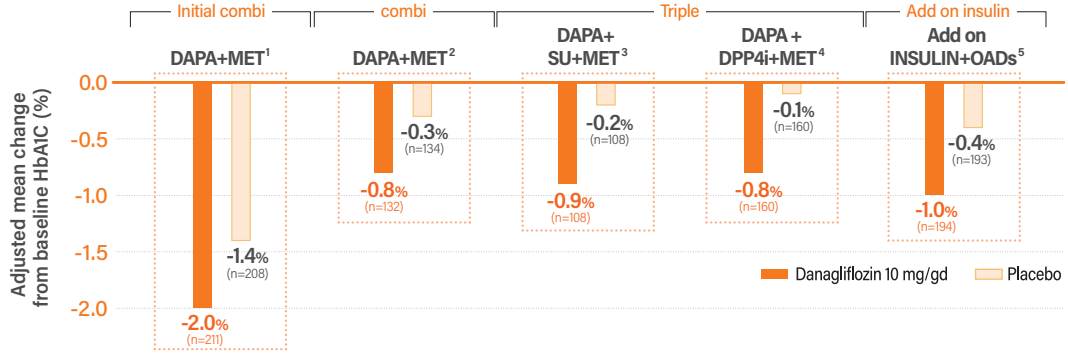
[Dapagliflozin 10mg, 5mg]

SGLT2-I for patient with type 2 diabetes

Low risk of hypoglycemia of SGLT2-I compared to other kinds of diabetes medication

SGLT2 inhibitors primarily act in the kidneys, and their main mechanism for lowering blood sugar levels is by excreting excess glucose in the urine. This can lead to a reduction in blood sugar levels, but the risk of hypoglycemia is generally relatively low.

Dapagliflozin has proven its strong blood sugar lowering effect in single therapy and combination therapy with other drugs

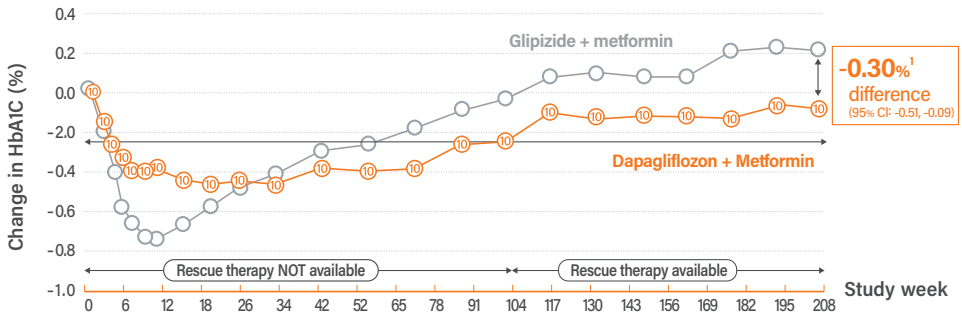


		P<0.0001	*P*<0.0001	*P*<0.0001	*P*<0.0001	*P*<0.001
Mean Baseline HbA1C	Dapagliflozin	9.1%	7.9%	8.1%	8.2%	8.6%
	Placebo	9.0%	8.1%	8.2%	8.2%	8.5%

Reference

1. Henry RR et al. Dapagliflozin, metformin XR, or both: initial pharmacotherapy for type 2 diabetes, a randomized controlled trial Int J Clin Pract, May 2012, 66, 5, 446–456.
2. Bailey CJ et al. Effect of dapagliflozin in patients with type 2 diabetes who have inadequate glycaemic control with metformin: a randomized, double-blind, placebo-controlled trial Lancet. 2010;375(9733):2223–2233.
3. Matthaei S et al. Dapagliflozin improves glycemic control and reduces body weight as add-on therapy to metformin plus sulfonylurea: a 24-week randomized, double-blind clinical trial Diabetes Care. 2015;38(3):365–372.
4. Mathieu C, Ranetti AE, Li D, et al. Randomized, Double-Blind, Phase 3 Trial of Triple Therapy With Dapagliflozin Add-on to Saxagliptin Plus Metformin in Type 2 Diabetes Care. 2015;38(11):2009–2017. 5. Wilding JP, Woo V, Soler NG, Pahor A, Sugg J, Rohwedder K, et al. Longterm efficacy of dapagliflozin in patients with type 2 diabetes mellitus receiving high doses of insulin: a randomized trial Ann Intern Med. 2012;156(6):405–415.

Dapagliflozin has a sustained blood sugar lowering effect in diabetic patients



Baseline HbA1C Sample Size[1](excluding data after rescue), **n**

7.69%	DAPA+MET	400	321	233	79
7.74%	GLIP+MET	401	315	208	71

HbAIC, hemoglobin A1C; CI, confidence interval; DAPA, Dapagliflozin; MET, metformin; GUP, glipizide

Reference

HbAIC, hemoglobin A1C; CI, confidence interval; DAPA, Dapagliflozin; MET, metformin; GUP, glipizide
Reference 1. Del Prato S, et al. (2015) Long-term glycaemic response and tolerability of dapagliflozin versus a sulphonylurea as add-on therapy to metformin in patients with type 2 diabetes. Diabetes Obes Metab 17:581–590. 2. Michael A Nauck, et al. (2011) Dapagliflozin versus glipizide as add-on therapy in patients with type 2 diabetes who have inadequate glycemic control with metformin. Diabetes Care 34(9):2015–22

IDIZOLE Capsule 100mg

[Itraconazole 100mg]

A broad-spectrum antifungal agent with the best antibacterial activity

(can be safely prescribed without bacterial testing)

	Dermatophyte	Candida	Mold
Itraconazole	○	○	○
Fluconazole	×	○	×
Ketoconazole	○	○	×
Terbinafine	○	×	×
Nystatin	×	○	×
Griseofulvin	○	×	×

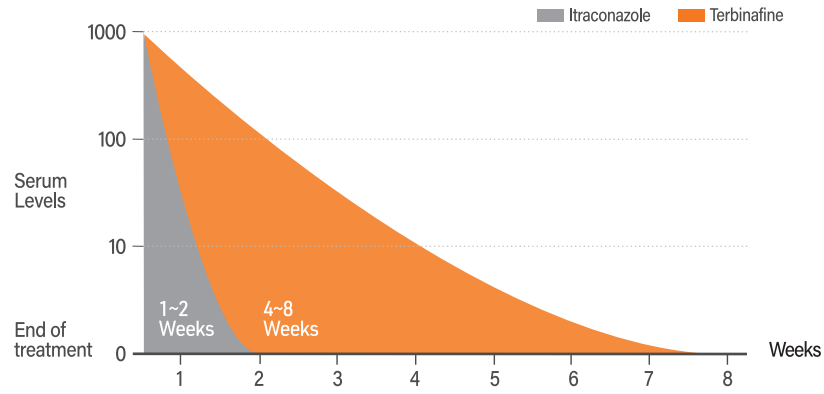
○ : Treatment of primary choice × : Consider after prinary treatment

Strong antifungal action without resistance

Some antifungal agents, such as fluconazole, develop resistance due to resistance-inducing factors (poly-glycoprotein: P-gp) in the fungal cell membrane, but Itraconazole destroys resistance-inducing factors, not developing resistance.

Continuous efficacy

Comparison of blood drug speed after completion of administration



Reference Reference 1. Dr. Honghui Zhou, et al. (1998). A Pharmacokinetic Study of Intravenous Itraconazole Followed by Oral Administration of Itraconazole Capsules in Patients with Advanced Human Immunodeficiency Virus Infection. J Clin Pharmacol. 38(7): 593-602. 2. S. Jaruratanasirikul, et al. (1998). Effect of omeprazole on the pharmacokinetics of itraconazole. European Journal of Clinical Pharmacology 54: 159-161.

Fewer side effects due to faster loss in blood

Even after administration is stopped, it penetrates deep into the tissue, showing continuous therapeutic action

