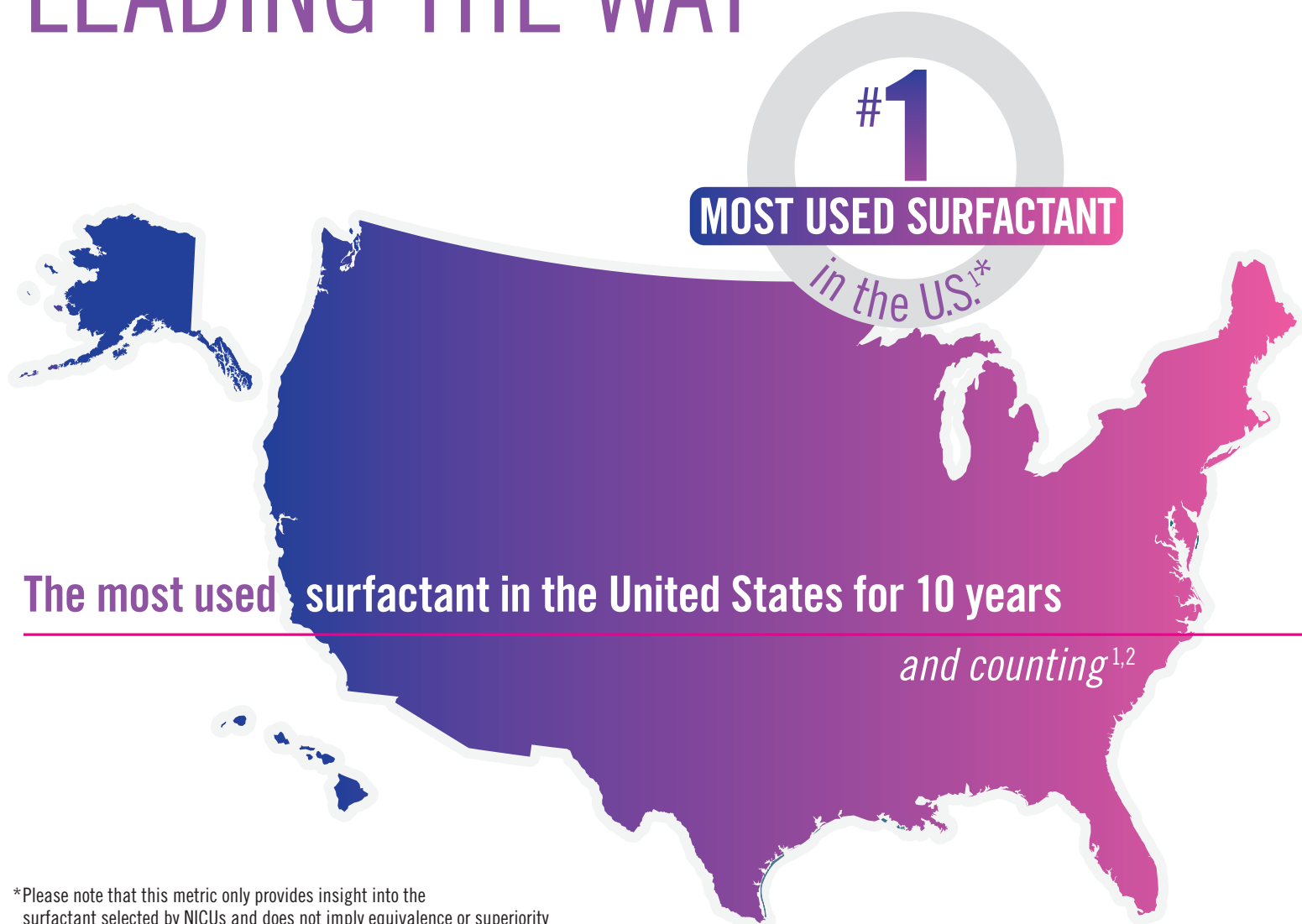


For preterm infants with respiratory distress syndrome (RDS)

CUROSURF® (poractant alfa)

# LEADING THE WAY



\*Please note that this metric only provides insight into the surfactant selected by NICUs and does not imply equivalence or superiority between or among the products for any given clinical end point.

## Indication

CUROSURF (poractant alfa) Intratracheal Suspension is indicated for the rescue treatment of Respiratory Distress Syndrome (RDS) in premature infants. CUROSURF reduces mortality and pneumothoraces associated with RDS.

## Important Safety Information

CUROSURF is intended for intratracheal use only. The administration of exogenous surfactants, including CUROSURF, can rapidly affect oxygenation and lung compliance. Therefore, infants receiving CUROSURF should receive frequent clinical and laboratory assessments so that oxygen and ventilatory support can be modified to respond to respiratory changes.

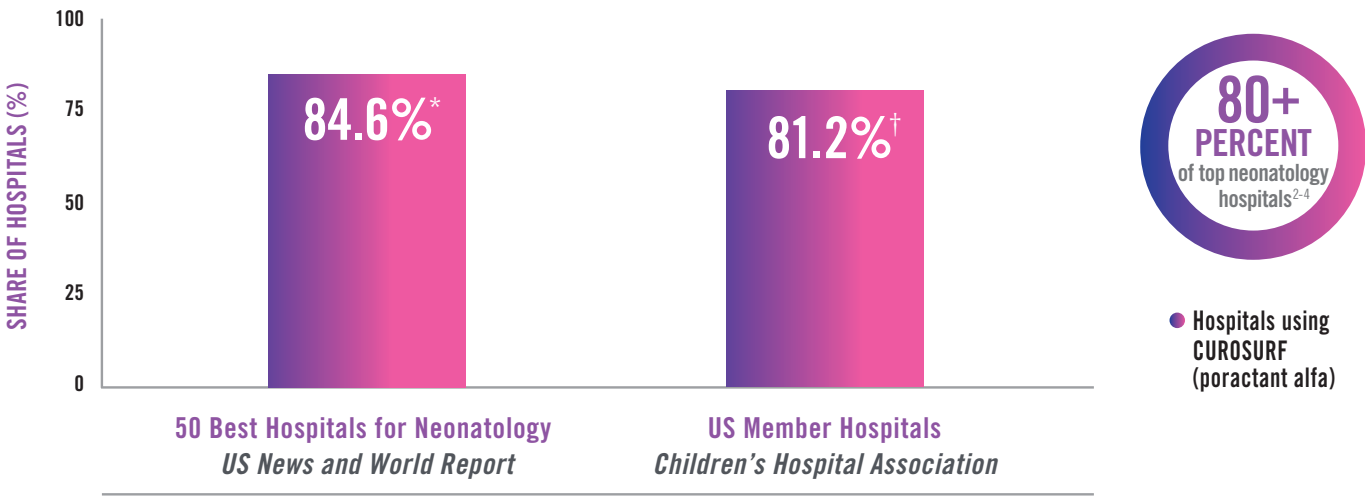
Please see Important Safety Information on page 2 and accompanying Full Prescribing Information.



CUROSURF®   
(poractant alfa)  
Intratracheal Suspension

THE LEADING SURFACTANT IN THE UNITED STATES

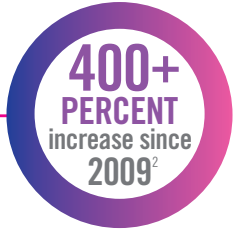
Chosen by the majority of top hospitals that use surfactant<sup>2-4</sup>



\*Based on US News and World Report's 2018 "50 Best Hospitals for Neonatology" and Data on file, Chiesi Farmaceutici S.p.A. and Chiesi USA, Inc., 2018.  
†Based on hospitals listed in the Children's Hospital Association's "Children's Hospital Directory" and Data on file, Chiesi Farmaceutici S.p.A. and Chiesi USA, Inc., 2018.

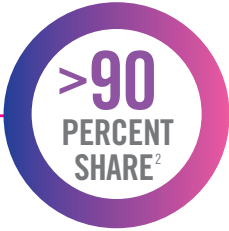
Growing choice among US hospitals

The number of US hospitals using CUROSURF has more than quadrupled since 2009<sup>2</sup>



Widely used by large teaching hospitals

In 70% of teaching hospitals (using ≥100 mLs), CUROSURF has a >90% share<sup>2</sup>



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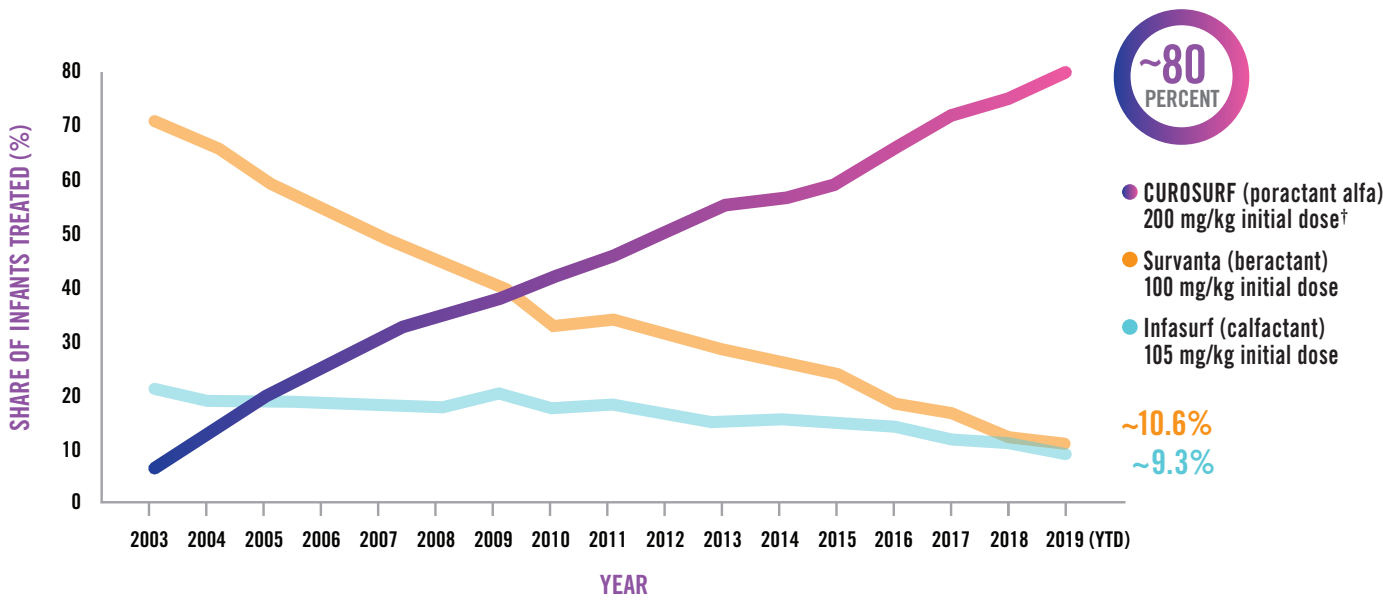
CUROSURF should only be administered by those trained and experienced in the care, resuscitation, and stabilization of preterm infants.

Transient adverse reactions associated with administration of CUROSURF include bradycardia, hypotension, endotracheal tube blockage, and oxygen desaturation. These events require stopping CUROSURF administration and taking appropriate measures to alleviate the condition. After the patient is stable, dosing may proceed with appropriate monitoring.

Pulmonary hemorrhage, a known complication of premature birth and very low birth-weight, has been reported with CUROSURF. The rates of common complications of prematurity observed in a multicenter single-dose study that enrolled infants 700-2000 g birth weight with RDS requiring mechanical ventilation and FiO<sub>2</sub> ≥ 0.60 are as follows for CUROSURF 2.5 mL/kg (200 mg/kg) (n=78) and control (n=66; no surfactant) respectively: acquired pneumonia (17% vs. 21%), acquired septicemia (14% vs. 18%), bronchopulmonary dysplasia (18% vs. 22%), intracranial hemorrhage (51% vs. 64%), patent ductus arteriosus (60% vs. 48%), pneumothorax (21% vs. 36%) and pulmonary interstitial emphysema (21% vs. 38%).

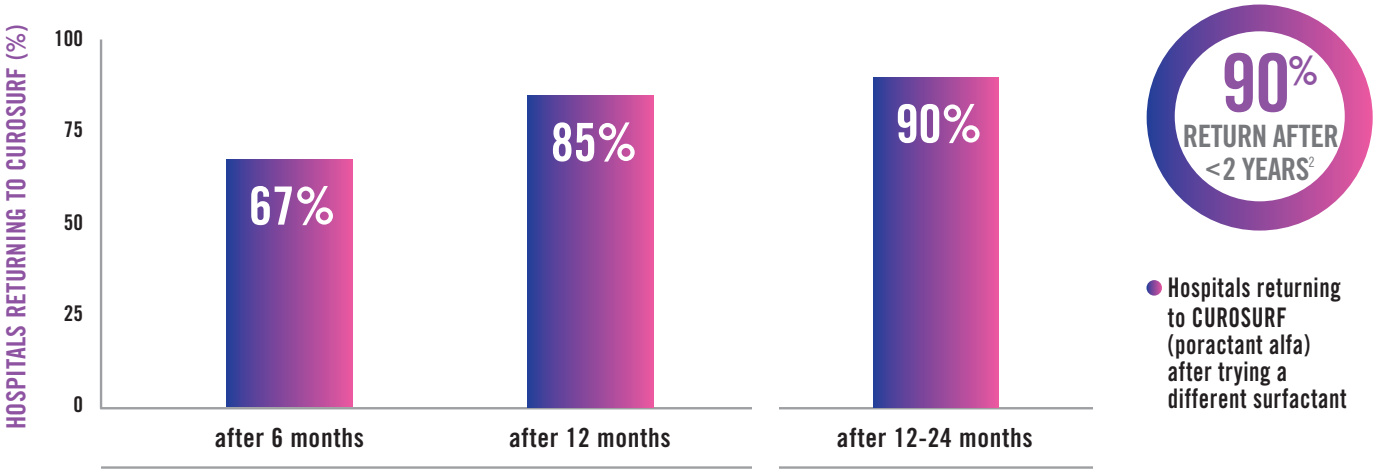
CHOSEN BY MORE NICUs THAN ALL OTHER SURFACTANTS COMBINED<sup>5-7</sup>

The most used surfactant for 10 years and counting<sup>1,2\*</sup>



\*The number of patients treated with each surfactant is calculated by dividing the total amount of each surfactant sold by the average amount of surfactant each patient receives. Please note that this metric only provides insight into the surfactant selected by NICUs and does not imply equivalence or superiority between or among the products for any given clinical end point.  
†CUROSURF is FDA-approved for an initial dose of 200 mg/kg (2.5 mL/kg). The 100 mg/kg (1.25 mL/kg) dose of CUROSURF is approved for repeat dosing only.

Most NICUs returned to CUROSURF after trying a different surfactant<sup>2‡</sup>



‡The number of hospitals returning to CUROSURF after trying a different surfactant is calculated by dividing the number of accounts recovered at each time point by the total number of accounts. The reason for returning to CUROSURF is unknown. Data showing values for accounts up to 24 months prior was accessed in February 2019.

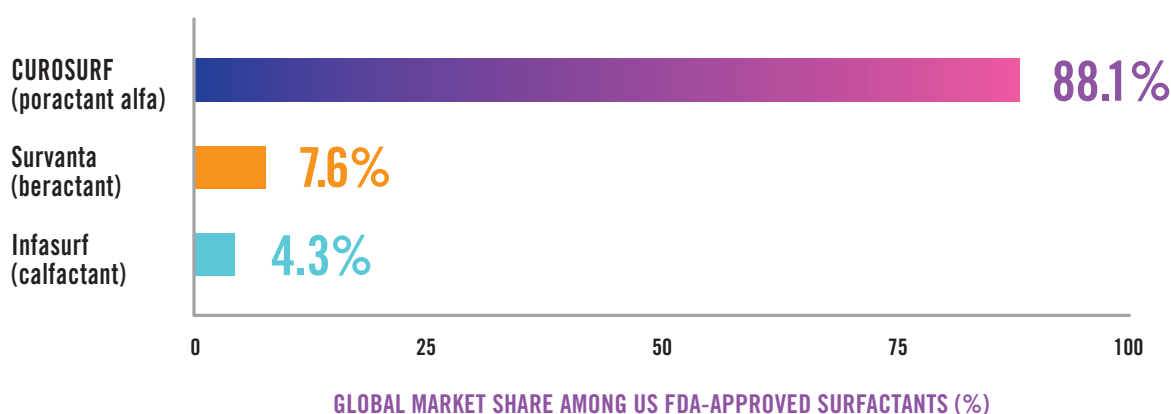


Please see Important Safety Information on page 2 and accompanying Full Prescribing Information.

# THE #1 MOST USED SURFACTANT IN THE US AND WORLDWIDE<sup>1,\*</sup>



## Leading the way in global market share among US FDA-approved surfactants<sup>1,2,†</sup>



\*Among US FDA-approved surfactants. Number of countries used in varies for each surfactant.

†CUROSURF is available in 94 countries.<sup>2</sup> Infasurf is available in 21 countries.<sup>8,9</sup> Survanta data not available.

## Safety Information

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**References:** 1. IQVIA Global Market Share, Total Year 2018. 2. Data on file, Chiesi Farmaceutici S.p.A. and Chiesi USA, Inc., 2018. 3. US News and World Report website. <https://health.usnews.com/best-hospitals/pediatric-rankings/neonatal-care>. Accessed 9/25/18. 4. Children's Hospital Association website. <https://www.childrenshospitals.org/Directories/Hospital-Directory>. Accessed 9/25/18. 5. IQVIA NSP CUROSURF market, February 2019. 6. Premier Research Services Surfactant Dosing Summary Average Dosing for RDS + Patients, 2013. 7. Data on file, Chiesi USA, Inc., 2018. 8. IQVIA data, 2018. 9. ONY Biotech website. <http://onybiotech.com/product/infasurf/>. Accessed 9/25/18.



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