



News Release

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Bayer's Xarelto[®] (rivaroxaban) Recommended by CHMP for EU Approval in Deep Vein Thrombosis Treatment as well as Stroke and Non CNS Systemic Embolism in Non-Valvular Atrial Fibrillation

- Xarelto (rivaroxaban) is set to become the first single-drug oral therapy for the treatment of deep vein thrombosis (DVT), the prevention of recurrent DVT and pulmonary embolism (PE) and the first once-daily Factor Xa inhibitor for the prevention of stroke and non CNS systemic embolism in adult patients with non-valvular atrial fibrillation (AF)
- Licence for use in the UK is expected before the end of 2011
- If approved, Xarelto will be the first Factor Xa inhibitor licensed in the UK in these indications potentially providing thousands of UK patients at risk of stroke with non-valvular AF the option of an alternative oral anticoagulant treatment
- Rivaroxaban offers a novel, single-drug approach in DVT treatment with the potential to change the current therapy paradigm

Newbury, Berkshire, 23 September, 2011– Bayer HealthCare's oral anticoagulant Xarelto[®] (rivaroxaban) has been recommended by the European Committee for Medicinal Products for Human Use (CHMP) for the treatment of DVT and prevention of recurrent DVT and PE following an acute DVT in adults, as well as for the prevention of stroke and non CNS systemic embolism in adult patients with non-valvular AF.

Over 70,000 people in the UK suffer from a devastating venous thromboembolism (DVT and/or PE)¹ and an estimated 25,000 people in the UK die from hospital-acquired DVT every year². DVT itself can lead to devastating consequences including PE, which can be rapidly fatal.

AF affects 750,000 patients in the UK³. It carries a fivefold increase in the risk of stroke³, which itself can lead to severe disability and death.

“The decision to recommend rivaroxaban for these new indications underscores the positive risk benefit profile seen in trials testing rivaroxaban against the current standard of care to prevent blood clots in patients with non-valvular AF and DVT,” said Professor Keith Fox, Professor of Cardiology at the University of Edinburgh. “This news is important for patients and their physicians because there is a clear need for effective therapy options which are not restricted by the limitations of current treatments.”

Rivaroxaban is the first in a class of drugs called Factor Xa inhibitors, which act at a pivotal point in the blood-clotting (coagulation) process to prevent clot formation. The features of this class of drugs include predictable anticoagulant effects, convenient oral dosing and low risk of drug-drug interactions; meaning they do not require frequent dose adjustments or routine anticoagulation monitoring.

The current standard of care for the treatment of venous thromboembolism (VTE), including DVT and PE, is low molecular weight heparin injections followed by a vitamin K antagonist (VKA), such as warfarin. VKAs are also used as standard therapy for stroke prevention in AF. Heparins require administration by injection, which can cause inconvenience and discomfort. VKAs can be difficult to manage with regularly changing doses and many interactions with food and other drugs among their limitations.

Rivaroxaban has the potential to replace the dual-drug approach in DVT treatment with a single-drug approach that can potentially simplify the patient pathway and improve efficiencies in delivering treatment to patients in need.

The opinion, which recommends the drug's approval to the European Medicines Agency (EMA), means rivaroxaban could become available to hundreds of thousands of UK patients who suffer from, or are at risk of, VTE and patients with non-valvular AF at risk of stroke.

Approval by the EC in these new indications is expected to follow in the fourth quarter of 2011, meaning rivaroxaban will be authorised for use in all 27 European Union (EU) member states, including the UK.

"Patients have waited over 50 years for treatments which offer an alternative to traditional therapies that can have limitations such as routine monitoring and regular injections, as well as dietary challenges and interactions with other treatments," said Eve Knight, Co-Founder and CEO of AntiCoagulation Europe (ACE). "Today's recommendation for rivaroxaban is another welcome signal that alternative anticoagulants have arrived in Europe."

The positive recommendation for rivaroxaban in the treatment of DVT and the prevention of recurrent DVT and PE following an acute DVT, follows submission of data from the landmark Phase III EINSTEIN-DVT study presented at the European Society of Cardiology (ESC) Congress in August 2010, as well as data from the Phase III EINSTEIN-Extension study, presented in December 2009 at the 51st Annual Meeting of the American Society of Hematology (ASH)⁴. Both EINSTEIN-DVT and EINSTEIN-Extension were published in the *New England Journal of Medicine* in December 2010⁴.

The CHMP recommendation to approve rivaroxaban for the prevention of stroke and non CNS systemic embolism in patients with non-valvular AF is based on the important clinical benefits demonstrated in ROCKET AF, a double-blind global Phase III study that compared once-daily rivaroxaban with warfarin in more than 14,000 patients. The results from the ROCKET AF trial were presented at the American Heart Association (AHA) Congress in November 2010 and published in the *New England Journal of Medicine* in August 2011⁵.

Rivaroxaban is indicated for the prevention of venous thromboembolism (VTE) in adult patients undergoing elective hip or knee replacement surgery.

About VTE and DVT

VTE is caused by the obstruction of a blood vessel by a blood clot. In the UK, an estimated 25,000 people die from hospital acquired blood clots each year¹.

Overall, the number of deaths from venous thromboembolism in the UK each year is five times greater than the combined total number of deaths from breast cancer, AIDS, and road traffic incidents⁶.

DVT is the formation of a blood clot in a deep vein that partially or totally blocks the flow of blood. In the UK, it is estimated that one in every 1,000 people are affected by venous thrombosis each year⁷. Of those, many have pre-existing risk factors including serious illness or major surgery; however a significant minority have no known pre-existing risk factors and can develop apparently spontaneous events⁷.

The majority of patients suffering from a venous blood clot will experience a DVT alone. However, DVT can progress to become a potentially fatal PE if the blood clot breaks apart and travels to the lungs, ultimately blocking a blood vessel there. Even in the absence of a PE, DVT alone can have devastating and costly consequences such as post-thrombotic syndrome and an increased risk of recurring blood clots, and thus the achievement of treatment goals is critically important. The current treatment standard for DVT is the dual-drug approach of low molecular weight heparin administered by subcutaneous injection, followed by a VKA.

About AF

AF is the most common sustained cardiac rhythm disorder and affects approximately 750,000 people in the UK³. People with AF are at a five-fold increased risk for stroke, and is a major cause of 150,000 strokes in the UK each year^{8,3}. An irregular heartbeat makes AF patients vulnerable to the formation of a blood clot in the atria, which can travel to the

brain, potentially resulting in a stroke. Strokes cause damage to the brain, and can lead to physical and behavioral impairment, or even death.

About Rivaroxaban

Rivaroxaban is an oral anticoagulant that was discovered in Bayer HealthCare's Wuppertal laboratories in Germany, and is being jointly developed by Bayer HealthCare and Johnson & Johnson Pharmaceutical Research & Development, L.L.C. It has a rapid onset of action with a predictable dose response and high bioavailability, no requirement for coagulation monitoring, as well as a limited potential for food and drug interactions.

Rivaroxaban is indicated for the prevention of venous thromboembolism (VTE) in adult patients undergoing elective hip or knee replacement surgery.

To date, rivaroxaban is approved in more than 110 countries worldwide and has been successfully launched in more than 85 countries by Bayer HealthCare in this indication. In the U.S., where rivaroxaban has been successfully launched in its first indication in July 2011, Janssen Pharmaceuticals, Inc. (a Johnson & Johnson Company) holds marketing rights. The Bayer HealthCare sales force is supporting the Janssen Pharmaceuticals, Inc. in designated hospital accounts.

The studies, reported and ongoing, involve over 75,000 patients across a broad range of acute and chronic blood clotting conditions.

About Bayer HealthCare

The Bayer Group is a global enterprise with core competencies in the fields of health care, nutrition and high-tech materials. Bayer HealthCare, a subgroup of Bayer AG with annual sales of more than EUR 16.913 billion (2010), is one of the world's leading, innovative companies in the healthcare and medical products industry and is based in Leverkusen, Germany. The company combines the global activities of the Animal Health, Consumer Care, Medical Care and Pharmaceuticals divisions. Bayer HealthCare's aim is to discover, manufacture and market products that will improve human and animal health

worldwide. Bayer HealthCare has a global workforce of 55,700 employees and is represented in more than 100 countries. Find more information at www.bayer.co.uk

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Forward-Looking Statements

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