Protection from Atherothrombotic events

Plavix provides early and long-term protection

- Broad clinical and safety experience
- More than 48,000 STEMI patients studied in clinical trials
- More than 41 million patients treated worldwide
- Favorable benefit-risk profile

TREATMENT RECOMMENDATIONS	
STEMI – Medically managed	75 mg once daily with or without 300 mg loading dose*
NSTEMI – PCI	300 mg loading dose + 75 mg maintenance dose once daily*
NSTEMI – Medically managed	300 mg loading dose + 75 mg maintenance dose once daily*

Rx

41 MILLION PATIENTS TREATED WORLDWIDE[15]

Insert your country's local fair balance here

sanofi aventis

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Bristol-Myers Squibb

GLB.CLO.05.10.64

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* On a background of standard therapy including ASA.

Now in the teatment of **STEMI** patients...

More Protection Today

New indication in STEMI

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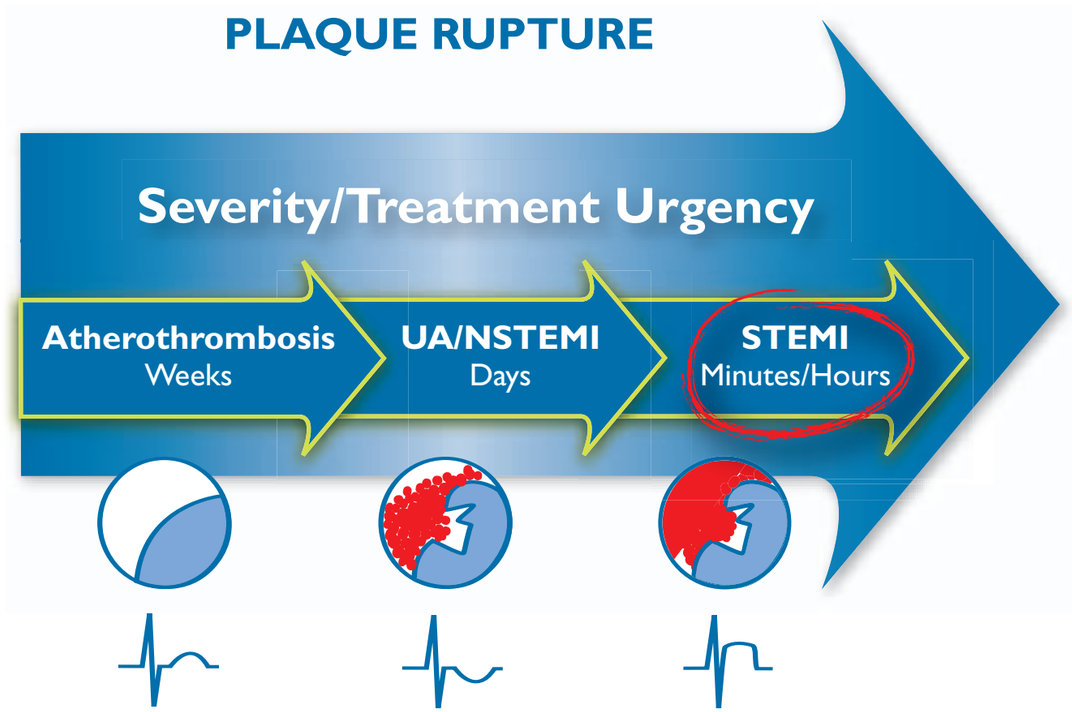
STEMI is a life-threatening atherothrombotic event

STEMI - the acute stage of acute coronary syndromes (ACS)

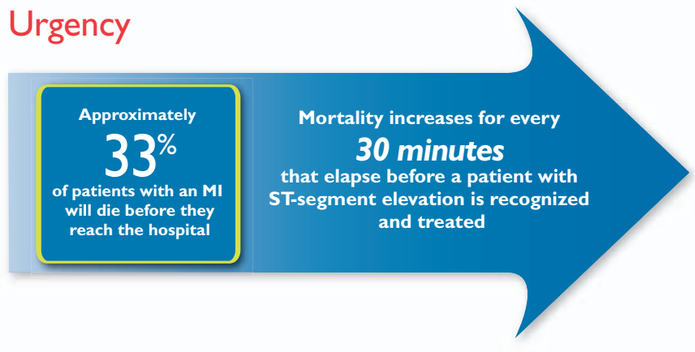


Pathological progression of atherothromosis

- Atherothrombosis is the common underlying disease process leading to Myocardial Infarction
- The degree of thrombus occlusion determines the severity of the clinical syndrome, with total occlusion in STEMI being the most severe MI

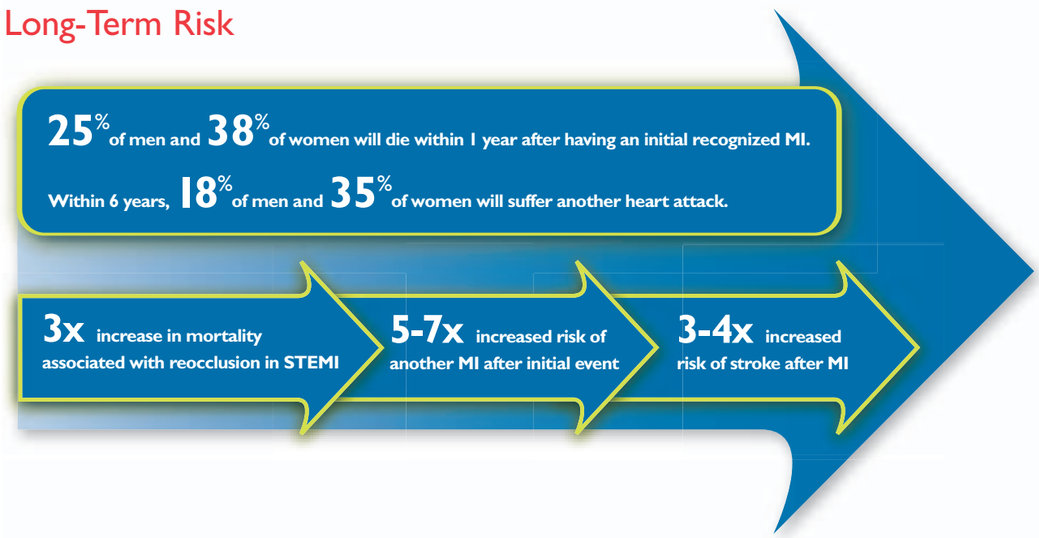
STEMI patients need more protection—today and long-term

Early Urgency



- **4-6x** increase in sudden death rate for STEMI patients compared to general population

Long-Term Risk



STEMI patients need maximal protection

- Urgency to treat and stabilize acute MI patients by improving coronary perfusion
- Long-term protection against a recurrent ischemic event

For further information please see the enclosed full prescribing information.

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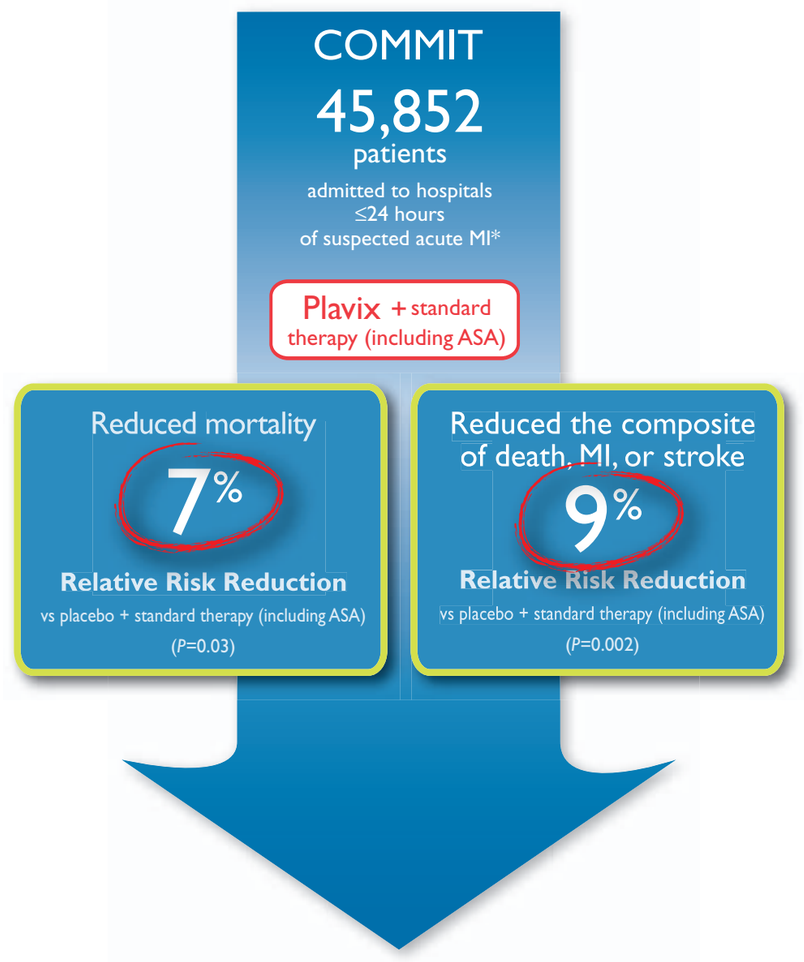
Plavix provides more protection for STEMI patients and reduces mortality

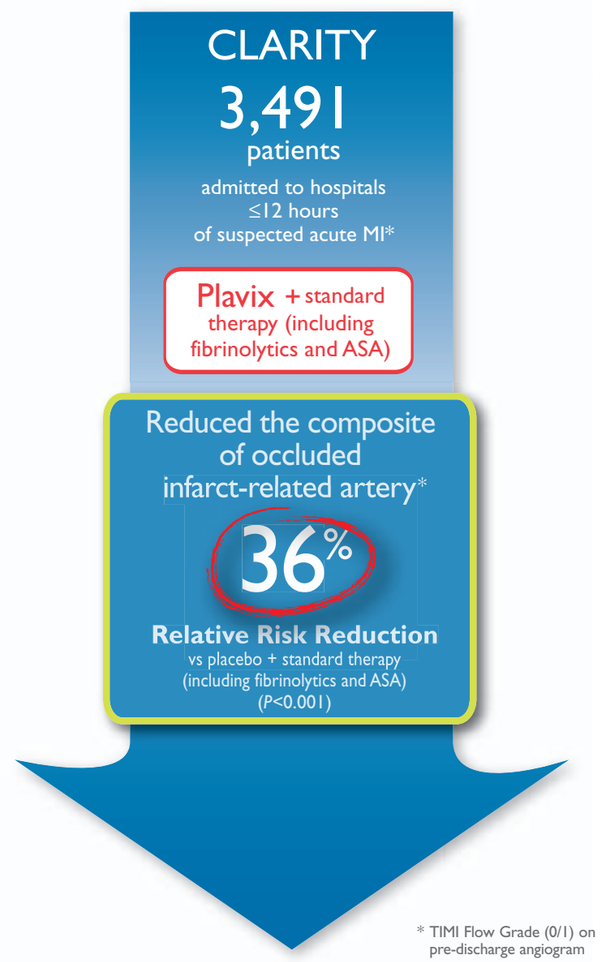
Significant risk reduction in mortality, MI, and stroke



- SAFETY: No significant increase in the risk of major (fatal or transfused) bleeding occurred with Plavix

Plavix improves coronary perfusion and reduces risk

More protection against occluded infarct-related artery, death, or MI



- SAFETY: No significant excess in TIMI major bleeding or intracranial hemorrhage

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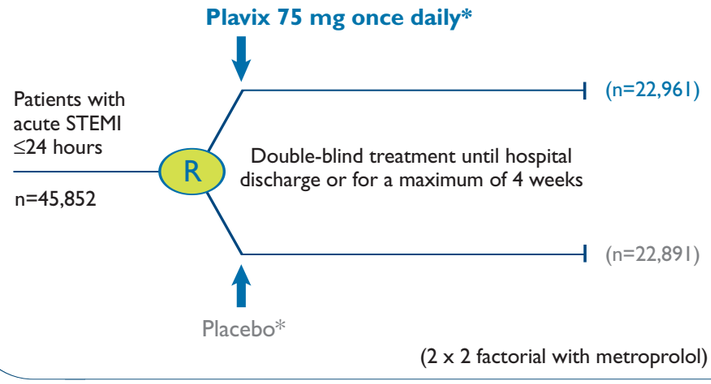
COMMIT: Plavix reduced mortality in STEMI

Study Design/Rationale

The COMMIT study was designed to demonstrate whether Plavix could produce greater benefits than placebo for pharmacologically managed (STEMI) patients in reducing death or the composite risk of death, MI, and stroke on a background of standard therapy (including aspirin and fibrinolytics).

Study included 45,852 patients with acute STEMI who also received standard therapy (including fibrinolytics and aspirin).

COMMIT STUDY DESIGN



*All patients received a background of ASA 162 mg/day during the study.

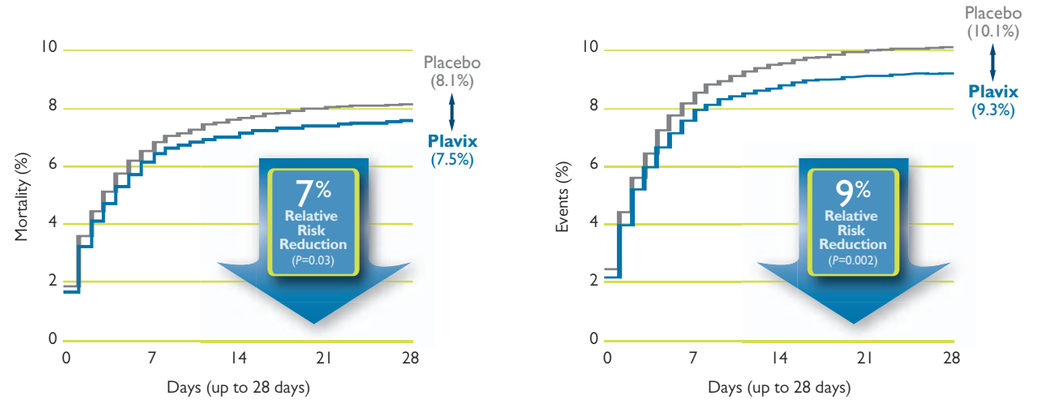
COMMIT ENDPOINTS

Co-primary endpoints	■ Death during initial hospitalization (maximum 28 days follow-up)
	■ The composite of death, nonfatal MI, or nonfatal stroke during initial hospitalization (maximum 28 days follow-up)
Safety endpoints	■ Major noncerebral bleeding (fatal or transfused)
	■ Hemorrhagic stroke

Plavix Saved Lives

Plavix reduced mortality by 7% (*P*=0.03) and the composite of death, MI, or stroke by 9% (*P*=0.002)

COMMIT STUDY RESULTS



- Clinical benefits emerged rapidly

Safety

- Overall, when all transfused, fatal, or cerebral bleeds were considered together, there was no significant excess risk associated with Plavix during the scheduled treatment period
- In addition there was no excess of such bleeds among patients given prior fibrinolytic therapy or among patients age 70 or older
- No significant increase in intracranial hemorrhage

COMMIT SAFETY OUTCOME

Type of bleed	**Plavix +** n=22,958	Placebo + n=22,891	*P* value
Fatal	0.32%	0.32%	0.92
Cerebral	0.17%	0.18%	
Non-cerebral	0.16%	0.16%	
Non-fatal	0.27%	0.22%	0.35
Cerebral	0.07%	0.07%	
Transfused	0.20%	0.16%	
Any*	0.58%	0.55%	0.59

* 3 patients in the Plavix and 4 in the placebo group suffered both cerebral and non-cerebral bleeding during scheduled treatment period in hospital.

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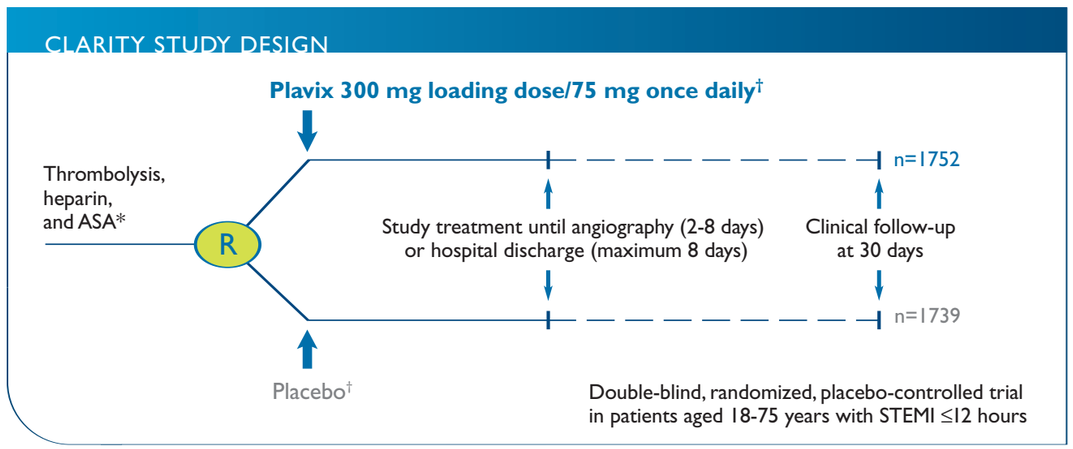
CLARITY: Plavix improved coronary perfusion in STEMI

Study Design/Rationale

The CLARITY study investigated whether Plavix may produce angiographic and clinical benefits in MI (STEMI) patients, on a background or standard therapy (including fibrinolytics and ASA).



*ASA=150-325 mg (if no ASA within prior 24 hours) as loading dose. Patients received heparin if they received a fibrin-specific thrombolytic.
† All patients received ASA 75-162 mg/day plus other standard care.

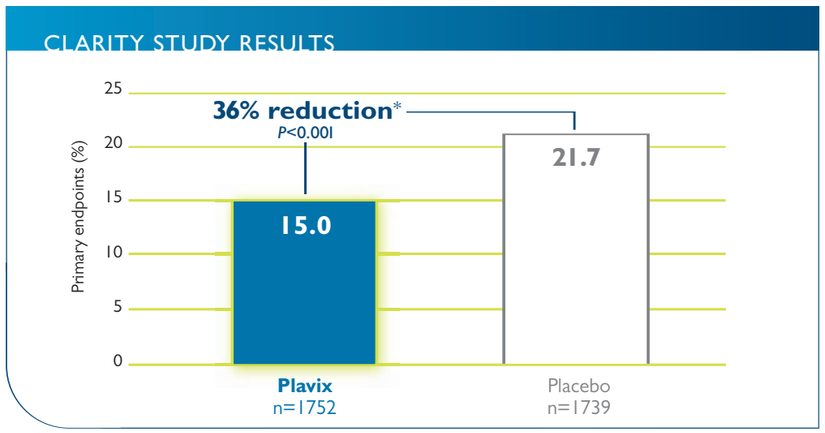
CLARITY ENDPOINTS

Primary endpoint	■ The composite of an occluded infarct-related artery (TFG 0/1) on the pre-discharge angiogram, or death or recurrent MI by the start of coronary angiography
Secondary endpoints	■ An occluded infarct-related artery (TFG 0/1) on the pre-discharge angiogram ■ Survival without recurrent MI or severe recurrent myocardial ischemia by the time of the start of coronary angiography or by hospital discharge, whichever came first. For patients who did not undergo angiography, Day 8 or hospital discharge, whichever came first, was used ■ Clinical follow-up at 30 days
Safety endpoints	■ Primary: rate of major bleeding by the end of the calendar day following angiography or, if angiography was not performed, by Day 8 or hospital discharge, whichever came first ■ Secondary: ICH and minor bleeding assessed post-administration of study drug and to 30 days

CLARITY results: Plavix improved patency in STEMI

Plavix Improved Coronary Perfusion in STEMI by 36%

- Benefit was consistent across a broad range of subgroups
- Reduced the odds of intracoronary thrombus by 27%



* Based on odds of an occluded infarct-related artery (TFG 0/1), death, or MI by the start of angiography for Plavix vs placebo (odds ratio: 0.64 [0.53-0.76]; *P*<0.001

Safety

Similar rates of major bleeding and intracranial hemorrhage versus placebo

CLARITY SAFETY OUTCOME

	Plavix n=1733	Placebo n=1719	*P* value
Primary bleeding endpoint, n (%)			
TIMI major	1.3%	1.1%	0.64
Secondary bleeding endpoints, n (%)			
TIMI minor	1.0%	0.5%	0.17
TIMI major or minor	2.3%	1.6%	0.18
Intracranial hemorrhage	0.5%	0.7%	0.38
Bleeding through 30 days, n (%)			
TIMI major	1.9%	1.7%	0.80
TIMI minor	1.6%	0.9%	0.12
TIMI major and minor	3.4%	2.7%	0.24

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More protection across the spectrum of Acute Coronary Syndrome

COMMIT and CLARITY expand the clinical benefits of Plavix in ACS

With new STEMI indication, Plavix provides more protection across the spectrum of Acute Coronary Syndrome.

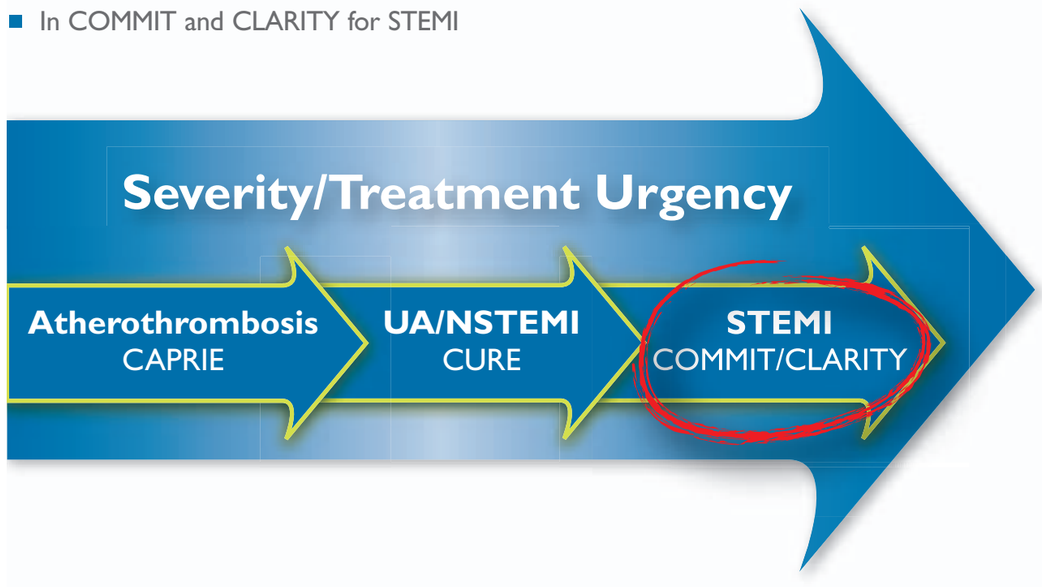
Studies support Plavix in early and long-term management of ACS patients

From proven long-term benefits:

- In CAPRIE* for atherothrombosis
- In CURE** for UA/NSTEMI

To early benefits:

- In COMMIT and CLARITY for STEMI



COMMIT and CLARITY reinforce Plavix clinical experience

- Over 100,000 patients enrolled in Plavix clinical trials
- Over 41 million patients treated with Plavix worldwide since 1998

* In a blinded, randomized trial of patients with atherothrombosis, Plavix provided an additional 8.7% relative risk reduction over aspirin of stroke, MI or vascular death.

** In a double-blind, randomized trial, Plavix reduced the composite of MI, stroke or cardiovascular disease over a 12 month period by 20% vs placebo.

ESC Guidelines on Management of STEMI: Plavix is a key element in treatment

ADAPTED FROM THE ESC GUIDELINES FOR ACUTE CORONARY SYNDROME

PATIENT TYPE	GUIDELINE
NSTEMI/UA	To come
STEMI	To come

ACC/AHA Guidelines

PATIENT TYPE	GUIDELINE
NSTEMI/UA	Plavix should be added to aspirin as soon as possible on admission and administered for at least 1 month and for up to 9 months[†]
STEMI	Plavix combined with aspirin is recommended for STEMI patients who undergo coronary stent implantation; Plavix is probably indicated in patients receiving fibrinolytic therapy who are unable to take aspirin[‡]

[†]2002 ACC/AHA UA/NSTEMI Guidelines Update: Antiplatelet and Anticoagulant Therapy.

[‡]2004 ACC/AHA Guidelines for the Management of Patients With ST-Elevation Myocardial Infarction—Executive Summary.

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