

Discover the
boost
with **Mucolytic⁺**



ERDOMED[®]

300mg Hard Capsules
Erdosteine

Indicated for acute and chronic respiratory disorder
associated with excessive mucus production

Erdomed® Therapeutic Benefit 1:

+ SUPERIOR MUCOLYTIC EFFICACY

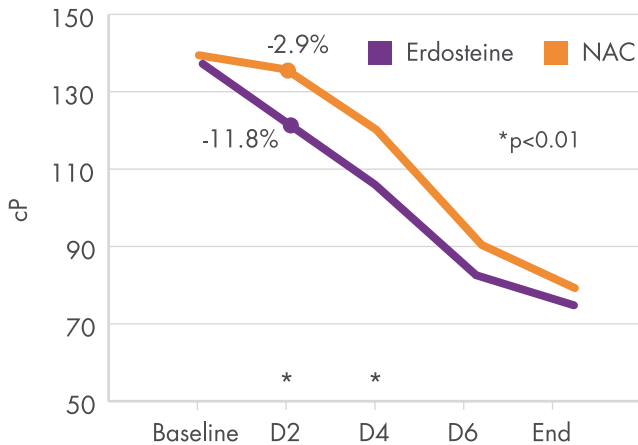
+ Key Actions of Erdomed®:



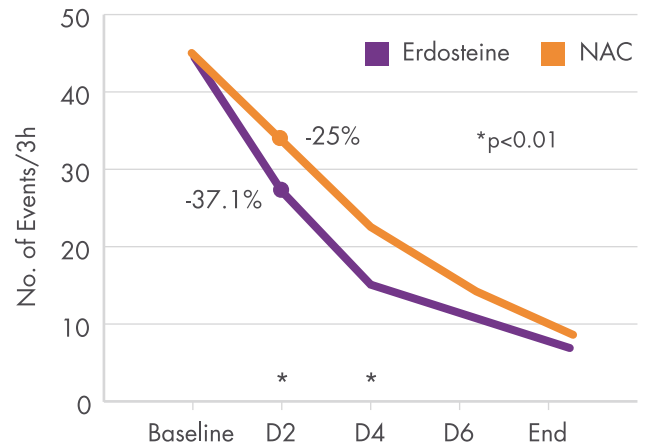
+ Faster Onset with Superior Efficacy Over N-acetylcysteine

Erdomed® acts significantly faster in reducing sputum viscosity and cough frequency as compared to NAC by Day 2¹

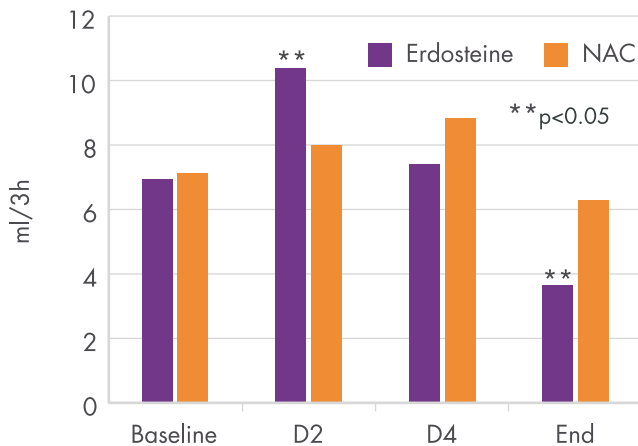
SPUTUM VISCOSITY



COUGH FREQUENCY



SPUTUM VOLUME



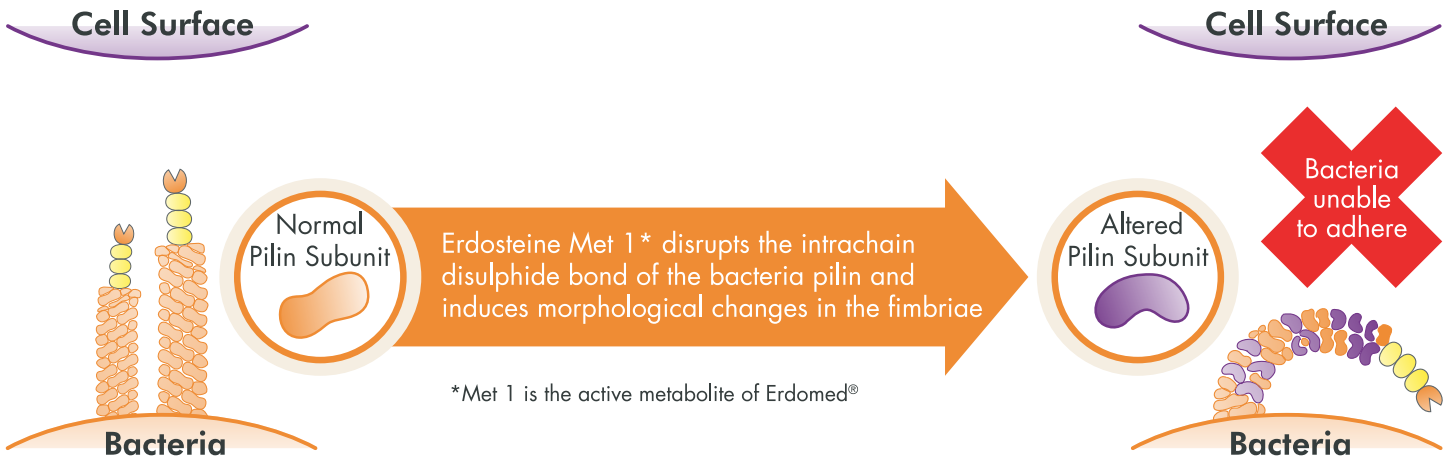
Erdosteine group experienced 38% more reduction in sputum volume as compared to NAC group by the end of treatment (p<0.05)¹

Erdomed® Therapeutic Benefit 2:

+ ANTIBIOTICS BOOSTER

Erdomed® and its active metabolite (Met 1) boosts antibiotic treatment by:

1 Direct Reduction in Bacterial Adhesion²



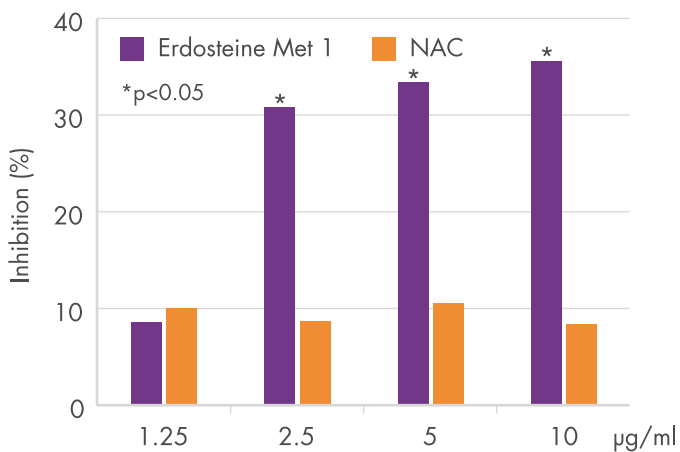
Straight Fimbria

Normal pilin subunit in bacteria forms straight fimbria to adhere to cell surface in the airway²

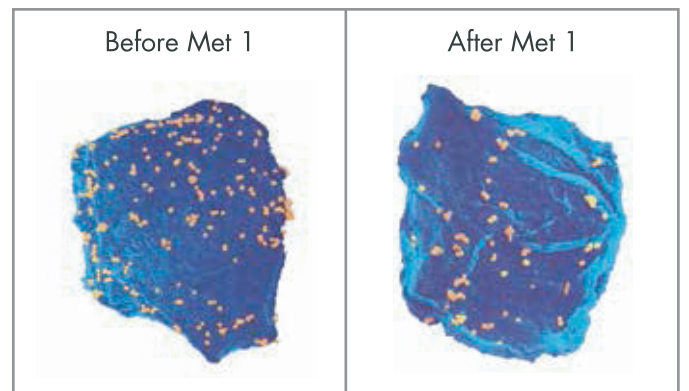
Bended Fimbria

Altered pilin subunit forms abnormal fimbria after Erdosteine Met 1 exposure

Erdosteine Met 1 is shown to reduce bacterial adhesion significantly in human mucosal cells³



Inhibitory effects of Erdosteine Met 1 vs. NAC on *S. aureus* adhesion³

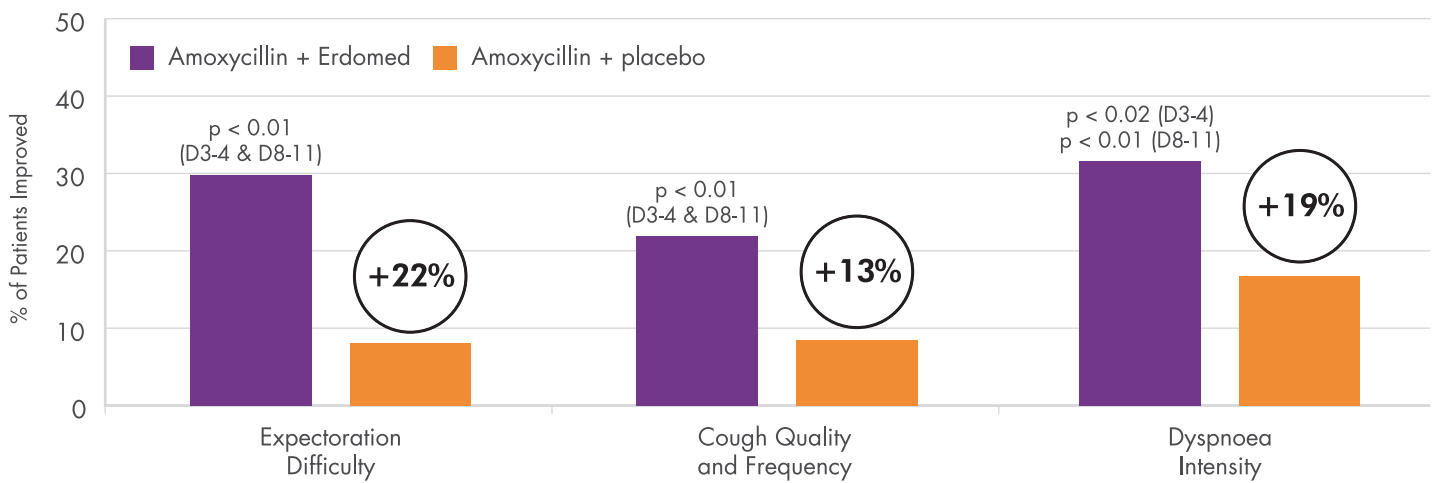


Scanning electron micrographs showing bacterial adhesion to epithelial buccal cells before and after exposure of *S. aureus* to 2.5µg/ml of Erdosteine Met 1³

2 Synergism with Antibiotics

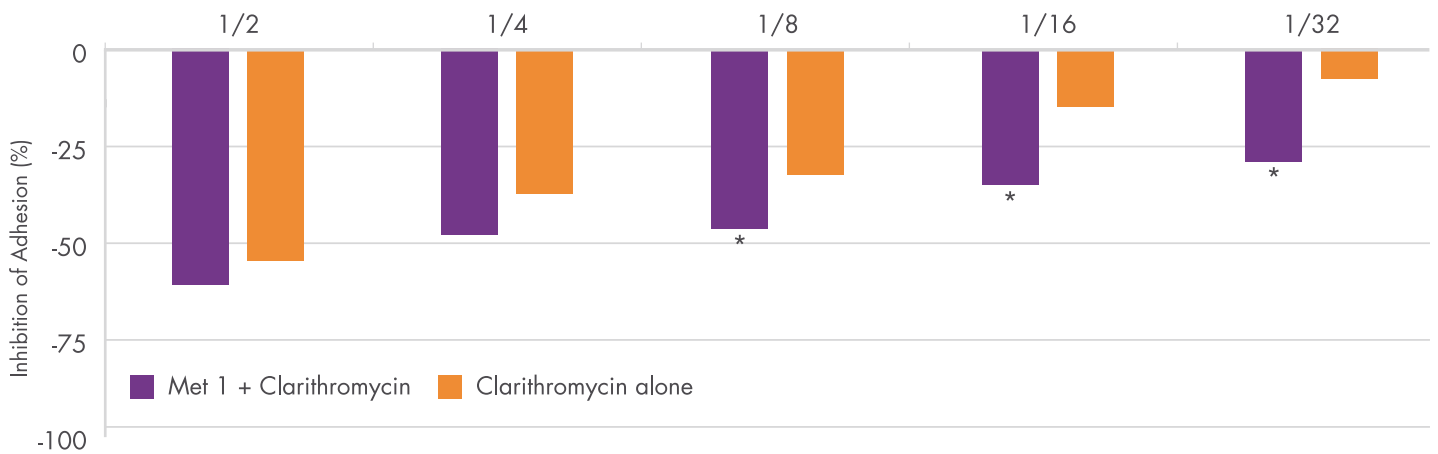
Erdomed® works synergistically with antibiotics to boost their effect and to improve clinical outcome⁴⁻⁶

Erdomed® in combination with Amoxicillin results in better and faster improvement in various clinical parameters, than Amoxicillin alone⁴



Various clinical parameters after treatment with Amoxicillin + Erdosteine or Amoxicillin + placebo

Erdomed® reduced the amount of antibiotics needed to inhibit bacterial adhesion to mucosal cells⁵



Effects of sub-minimum inhibitory concentrations (MICs) of Clarithromycin alone and in combination with Erdosteine Met 1 (10µg/ml) on *S. aureus* adhesion to human mucosal cells.⁵ *p≤0.05

Erdomed® Therapeutic Benefit 3:

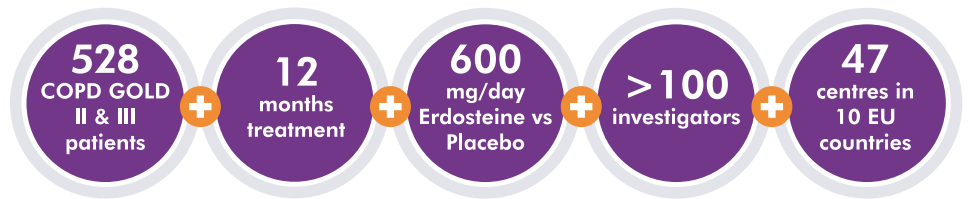
A Boost to Your COPD MANAGEMENT

RESTORE STUDY⁸

Randomized, Double-Blind, Placebo-Controlled Study

The New GOLD Guidelines Officially Recognize Superiority of Erdosteine over Other Mucolytic in Management of COPD.⁷

New in
GOLD
2021



Study subjects were receiving erdosteine 300mg BID or placebo on top of the standard therapies (bronchodilators, ICS, etc).

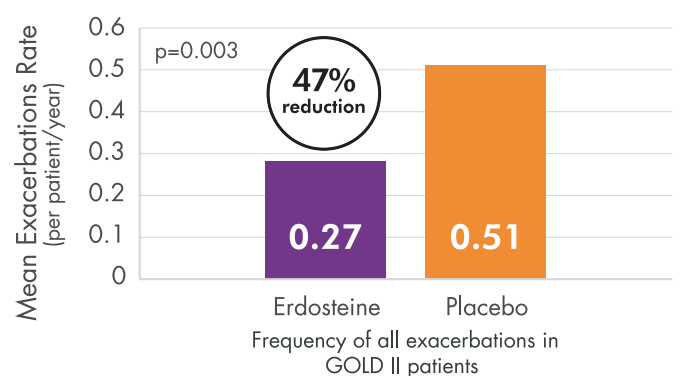
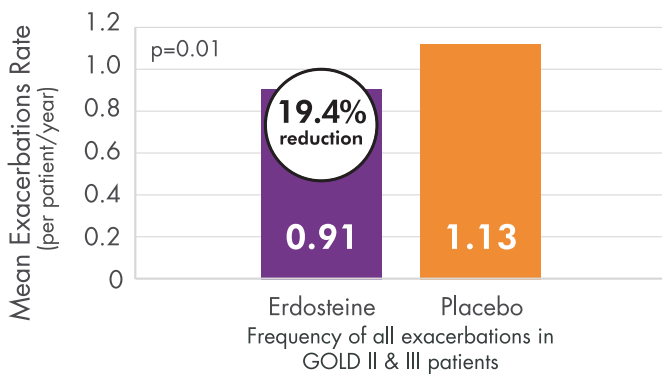
➤ Beyond its Superior Mucolytic Benefits, Erdomed® Provides Additional Clinical Benefit to COPD Maintenance Therapy:

<p>Reduce frequency and duration of COPD exacerbations</p>	<p>Reduce use of reliever medication</p>	<p>Simple twice-daily oral usage</p>	<p>Proven long-term safety and tolerability</p>
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As add-on to standard maintenance therapy in COPD, Erdomed® has significantly shown to^{8,9}:

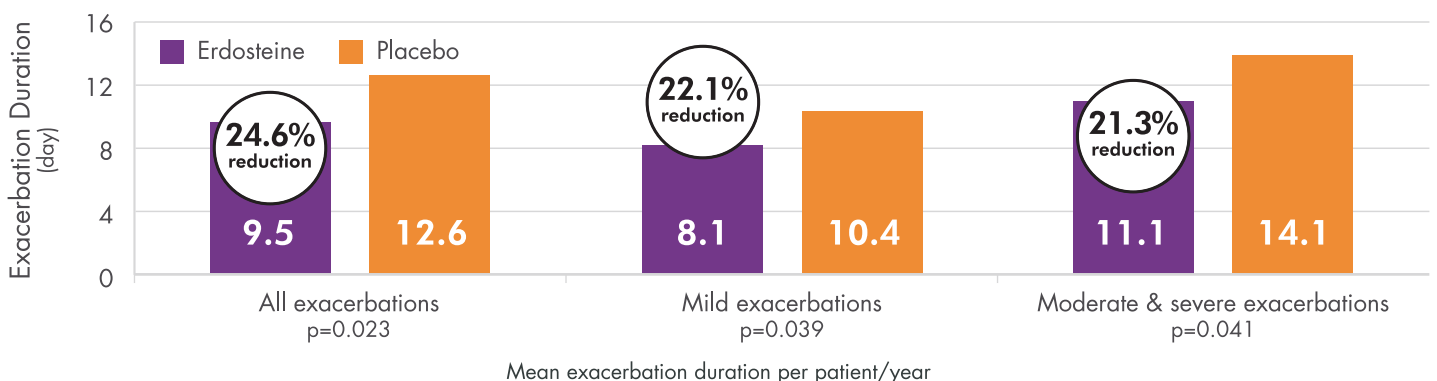
1 Reduce Exacerbation Frequency

Erdosteine reduces exacerbation frequency in moderate to severe COPD patients, and even up to 47% reduction in GOLD II patients



2 Reduce Exacerbation Duration

Erdosteine reduces exacerbation durations by 24.6% for all types of exacerbation (p=0.023)⁸



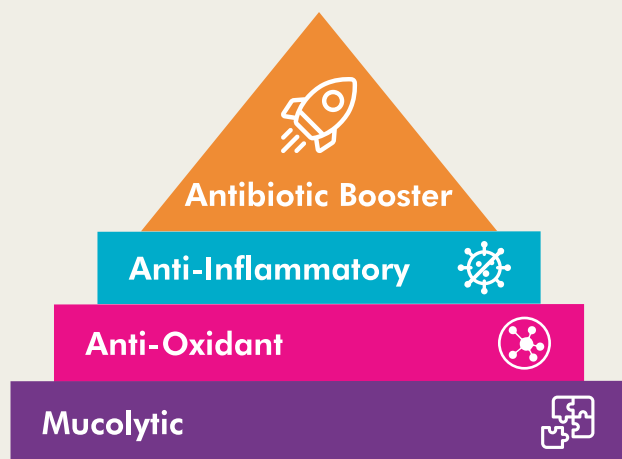
The COPD exacerbation result was consistent among ICS users and non-ICS users.

⊕ Erdomed® (Erdosteine 300mg)

A Mucolytic+ that can do more

Erdomed® is the LATEST-GENERATION mucolytic with enhanced pharmacodynamics activities

Mucolytic⁺



Excellent Safety Profile

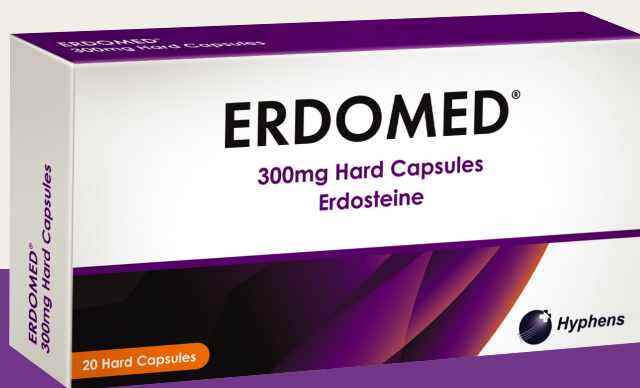
Safe and Well-tolerated



No Drug-to-drug Interaction (including antibiotic)



Convenient Dosage Form



Brief Prescribing Information

ERDOMED® 300 MG HARD CAPSULES

Composition: each hard capsule contains Erdosteine 300 mg. **Therapeutic Indications:** mucolytic agent for use in adults with acute and chronic respiratory disorders associated with excessive mucus production. **Recommended Dosage:** 1 capsule 2-3 times a day, for oral use. **Contraindications:** hypersensitivity to the active substance or to any of the excipients, children younger than 2 years, active peptic ulcer, hepatic cirrhosis, deficiency of the cystathionine-synthetase enzyme. Since there are no data in patients with renal failure with creatinine clearance < 25 ml/min or with severe liver failure, use of erdosteine is not recommended in these patients. **Drug Interactions:** no harmful interactions with other drugs have been reported therefore can be administered together with antibiotics and bronchodilators (such as theophylline or beta2-mimetics, cough sedatives). **Pregnancy & Lactation:** not recommended – safety in pregnancy and lactation have not been established. **Storage:** Do not store above 30°C. **Pack Size:** box of 2 x 10 blister strips.

For full prescribing information, kindly refer to package insert.

REFERENCES:

1. Zanasi A, Menarini A. Erdosteine versus N-Acetylcysteine in the treatment of exacerbation of chronic bronchopneumopathies: A double blind clinical trial. *Med Praxis* 1991; 12:207-217. **2.** McMichael JC, Ou JT. Binding of lysozyme to common pili of *Escherichia coli*. *J Bacteriol.* 1979 Jun;138(3):976-83. **3.** Braga PC, Dal Sasso M, Sala MT, Gianella V. Effects of erdosteine and its metabolites on bacterial adhesiveness. *Arzneimittelforschung.* 1999 Apr;49(4):344-50. **4.** Marchionni CF, Polu JM, Taylard A, Hanard T, Noseda G, Mancini C. Evaluation of efficacy and safety of erdosteine in patients affected by chronic bronchitis during an infective exacerbation phase and receiving amoxicillin as basic treatment (ECOBES, European Chronic Obstructive Bronchitis Erdosteine Study). *Int J Clin Pharmacol Ther.* 1995 Nov;33(11):612-8. **5.** Braga PC, Zuccotti T, Dal Sasso M. Bacterial adhesiveness: effects of the SH metabolite of erdosteine (mucoactive drug) plus clarithromycin versus clarithromycin alone. *Chemotherapy.* 2001 May-Jun;47(3):208-14. **6.** Dal SM, Bovio C, Culici M, Braga PC. The combination of the SH metabolite of erdosteine (a mucoactive drug) and ciprofloxacin increases the inhibition of bacterial adhesiveness achieved by ciprofloxacin alone. *Drugs Exp Clin Res.* 2002;28(2-3):75-82. **7.** Global Initiative for Chronic Obstructive Lung Disease. Pocket Guide to COPD Diagnosis, Management and Prevention. A Guide for Health Care Professional. 2021. p.24. **8.** Dal Negro RW, Wedzicha JA, Iversen M, Fontana G, Page C, Cicero AF, etc; RESTORE group; RESTORE study. Effect of erdosteine on the rate and duration of COPD exacerbations: the RESTORE study. *Eur Respir J.* 2017 Oct 12;50(4):1700711. **9.** Calverley PM, Page C, Dal Negro RW, Fontana G, Cazzola M, Cicero AF, etc. Effect of Erdosteine on COPD Exacerbations in COPD Patients with Moderate Airflow Limitation. *Int J Chron Obstruct Pulmon Dis.* 2019 Dec 2;14:2733-2744.

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