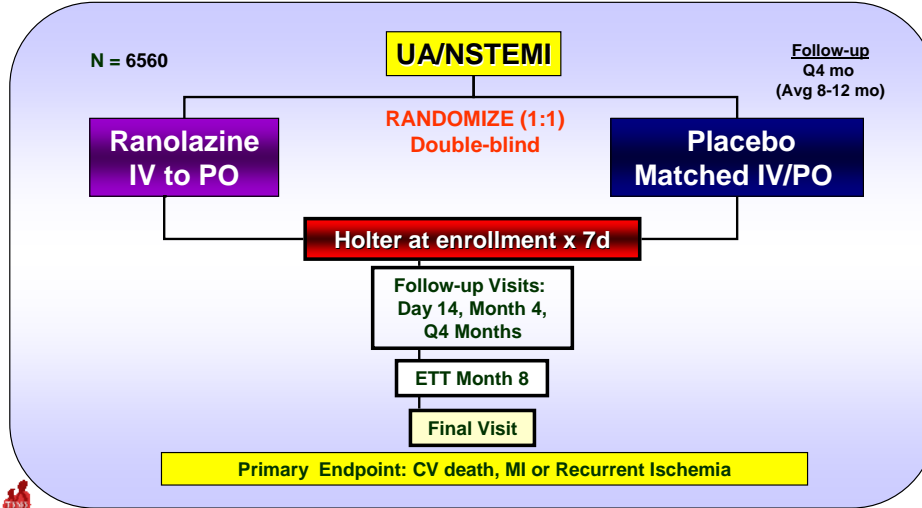


Recently Completed Trials



MERLIN – TIMI 36

Metabolic Efficiency with Ranolazine for Less Ischemia in Non-ST Elevation Acute Coronary Syndromes

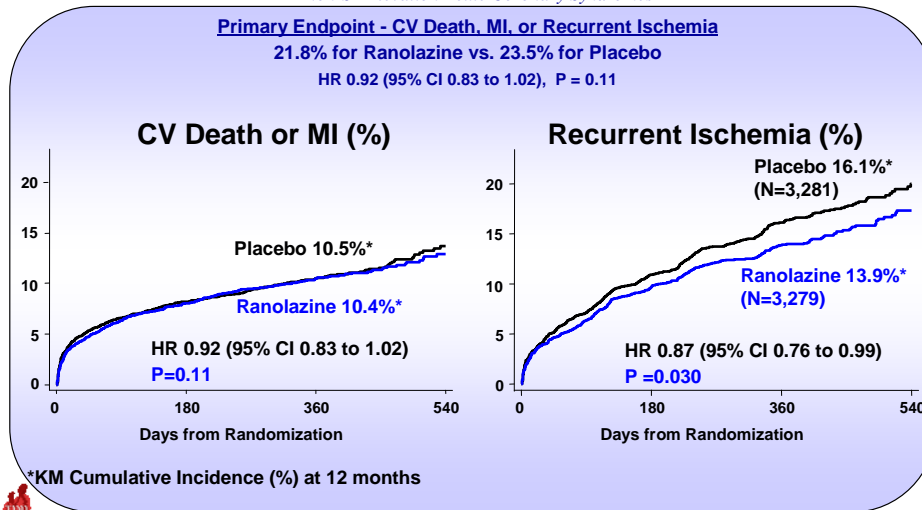


MERLIN-TIMI 36 – a randomized, double-blind, placebo-controlled trial to assess the efficacy and safety of ranolazine in preventing recurrent events in patients presenting with UA/NSTEMI.



MERLIN – TIMI 36

Metabolic Efficiency with Ranolazine for Less Ischemia in Non-ST Elevation Acute Coronary Syndromes



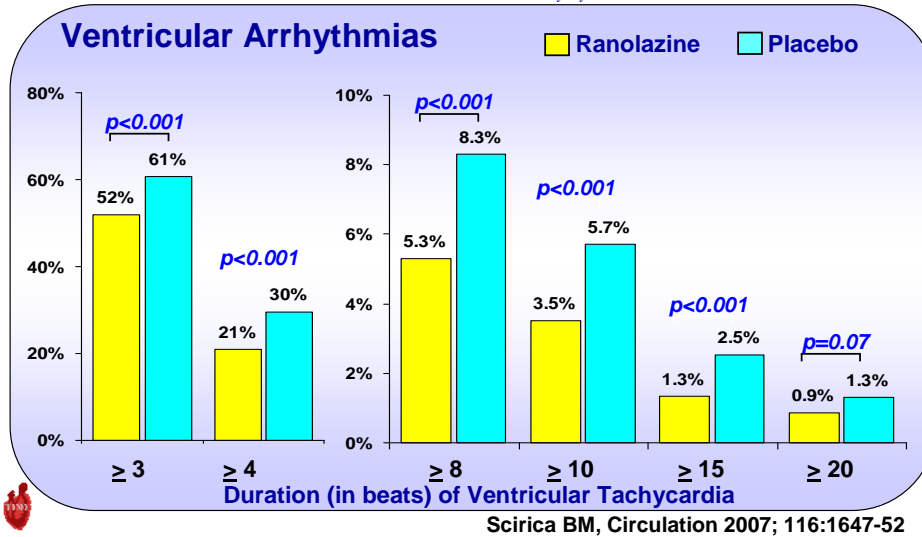
Morrow DA et al, JAMA 2007;297(16):1775-83

MERLIN-TIMI 36 demonstrated the safety of ranolazine in high-risk patients after ACS, as well as a significant reduction in recurrent ischemia. There was no effect on rates of CV Death or MI.



MERLIN – TIMI 36

Metabolic Efficiency with Ranolazine for Less Ischemia in Non-ST Elevation Acute Coronary Syndromes

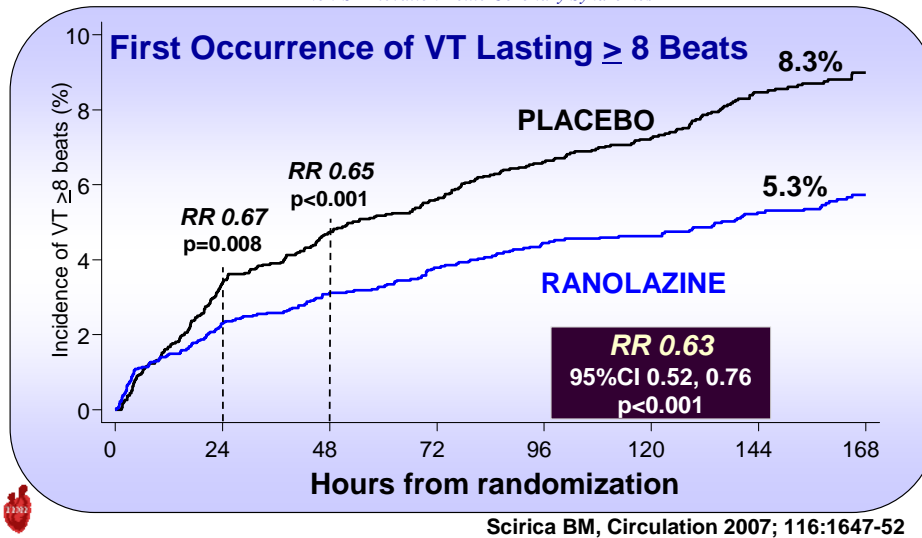


MERLIN-TIMI 36 also demonstrated that ranolazine has a significant anti-arrhythmic effect. Patients treated with ranolazine had significantly fewer episodes of ventricular tachycardia.



MERLIN – TIMI 36

Metabolic Efficiency with Ranolazine for Less Ischemia in Non-ST Elevation Acute Coronary Syndromes

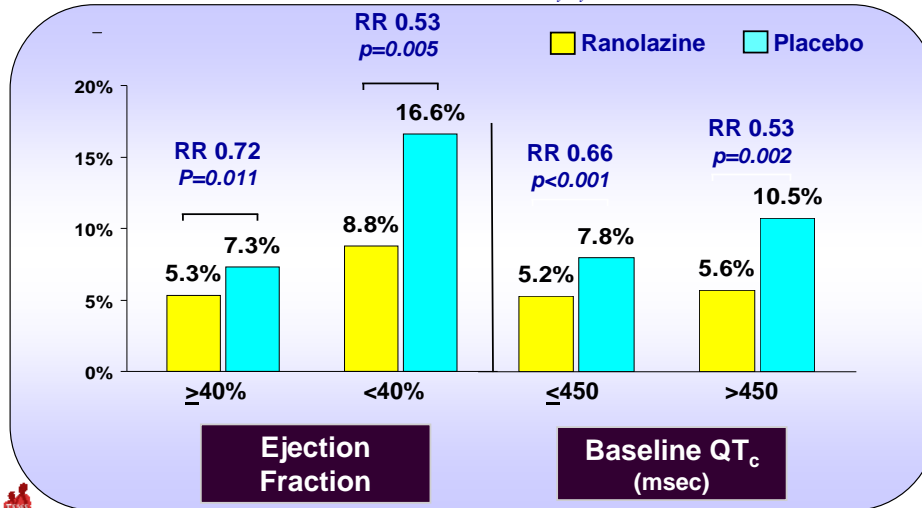


The reduction in ventricular tachycardia was seen early and persisted over the entire period of Holter monitoring.



MERLIN – TIMI 36

Metabolic Efficiency with Ranolazine for Less Ischemia in Non-ST Elevation Acute Coronary Syndromes



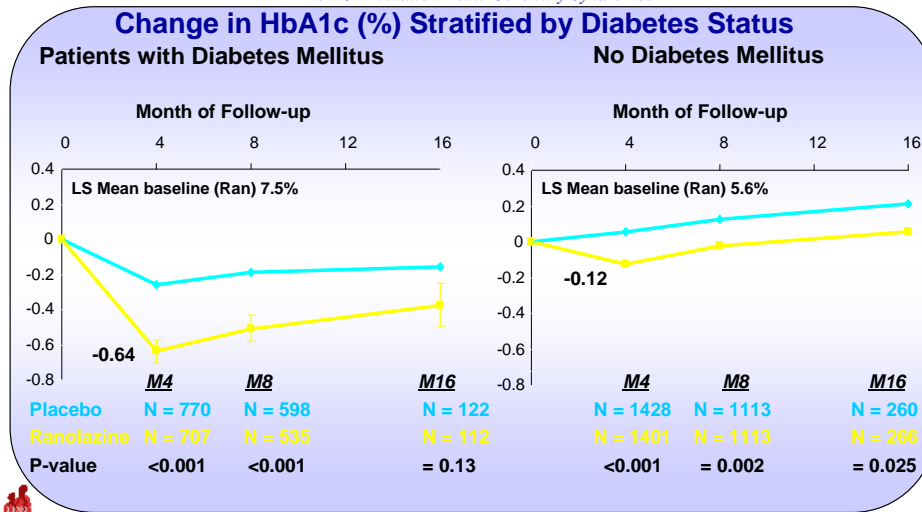
Scirica BM, Circulation 2007; 116:1647-52

The anti-arrhythmic effects of ranolazine were consistent across high-risk subgroups.



MERLIN – TIMI 36

Metabolic Efficiency with Ranolazine for Less Ischemia in Non-ST Elevation Acute Coronary Syndromes



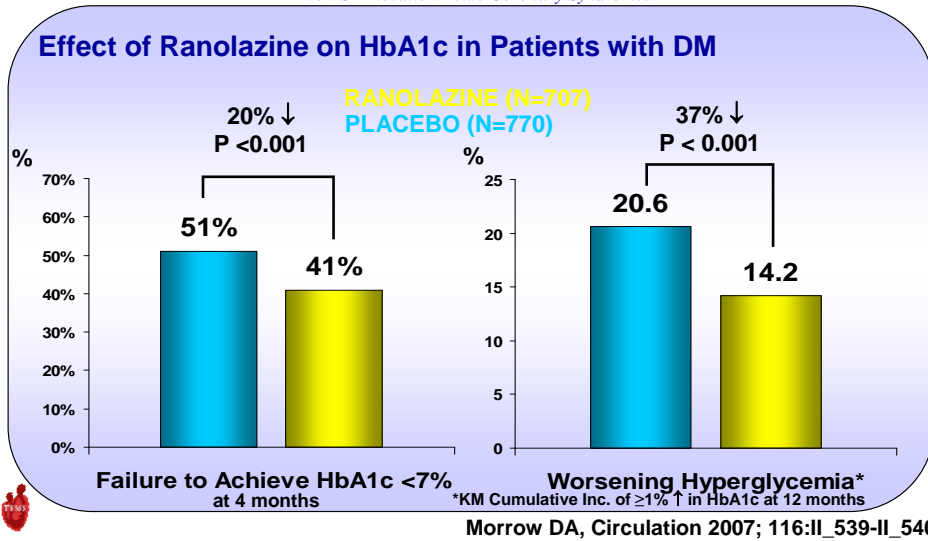
Morrow DA, Circulation 2007; 116:II_539-II_540

MERLIN-TIMI 36 also demonstrated that ranolazine significantly reduces HbA1c with a more profound effect in diabetics.



MERLIN – TIMI 36

Metabolic Efficiency with Ranolazine for Less Ischemia in Non-ST Elevation Acute Coronary Syndromes

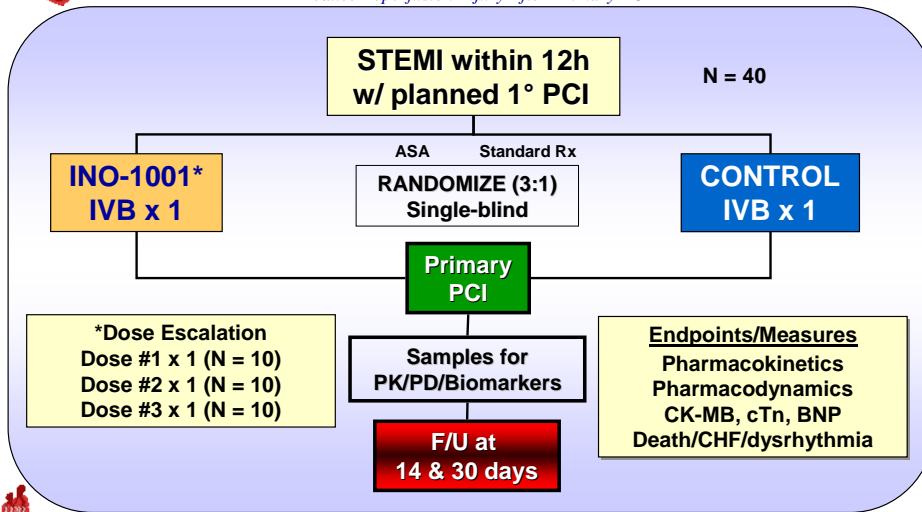


Fewer diabetics taking ranolazine failed to achieve a HbA1c <7% or had worsening hyperglycemia when compared to placebo.



TIMI 37A

A Dose Ranging Trial of the Poly (ADP-ribose) Polymerase (PARP) Inhibitor INO-1001 to Reduce Reperfusion Injury After Primary PCI

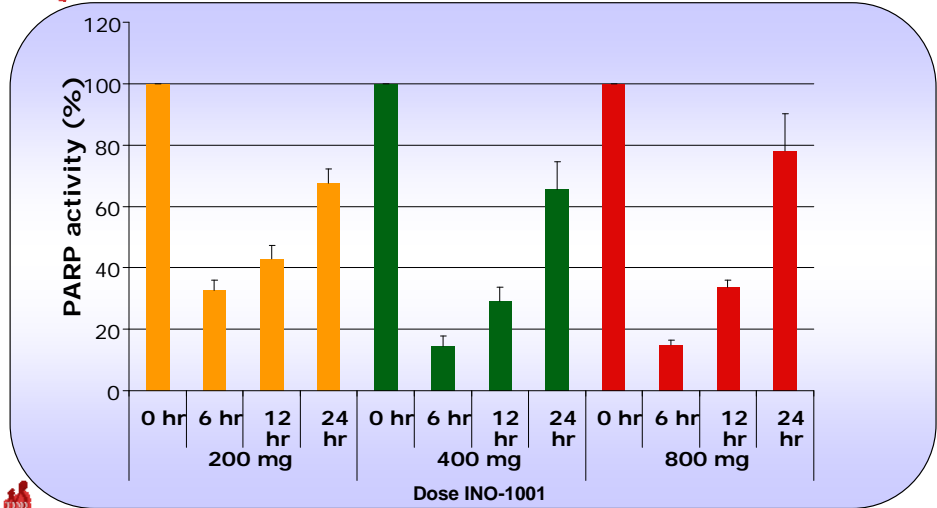


TIMI 37A was a randomized, dose-ranging, placebo-controlled trial of INO-1001, a PARP inhibitor to reduce reperfusion injury in patients undergoing primary PCI for STEMI.



TIMI 37A

A Dose Ranging Trial of the Poly (ADP-ribose) Polymerase (PARP) Inhibitor INO-1001 to Reduce Reperfusion Injury After Primary PCI



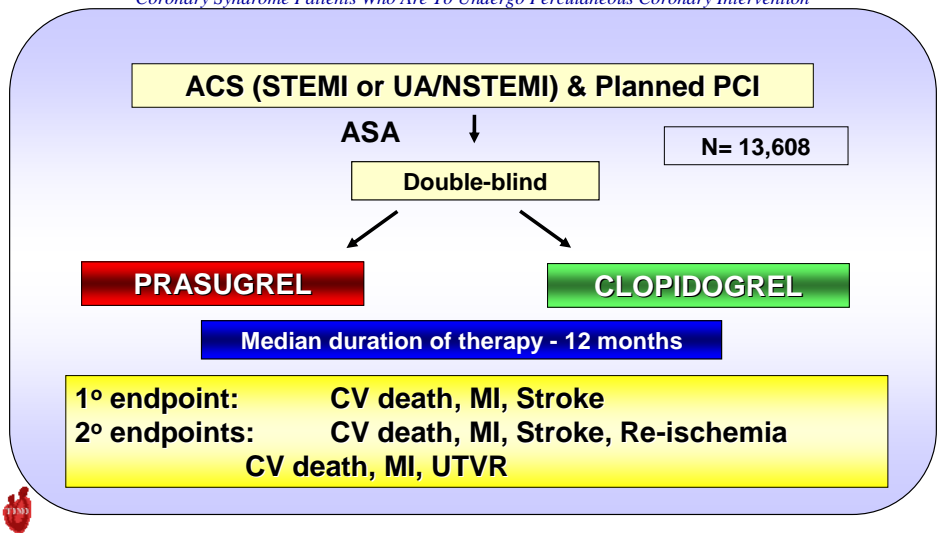
Morrow DA, J Thromb Thrombolysis. 2008 Jun 6 Epub

PARP activity was successfully inhibited across dose ranges.



TRITON – TIMI 38

A Comparison of Prasugrel and Clopidogrel in Acute Coronary Syndrome Patients Who Are To Undergo Percutaneous Coronary Intervention

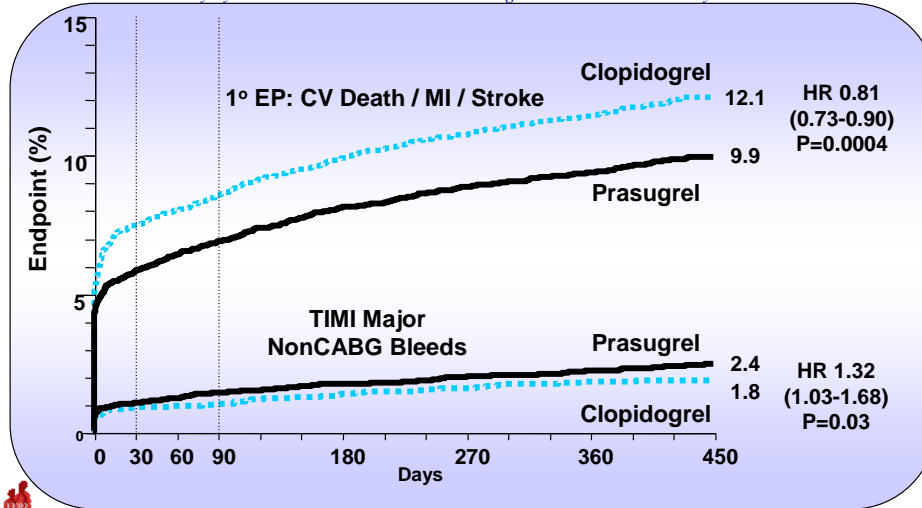


TRITON-TIMI 38 – a randomized, double-blind, clinical trial to assess the safety and efficacy of prasugrel vs. clopidogrel for reducing recurrent events in patients presenting across the spectrum of ACS treated with PCI.

TRITON – TIMI 38

A Comparison of Prasugrel and Clopidogrel in Acute

Coronary Syndrome Patients Who Are To Undergo Percutaneous Coronary Intervention



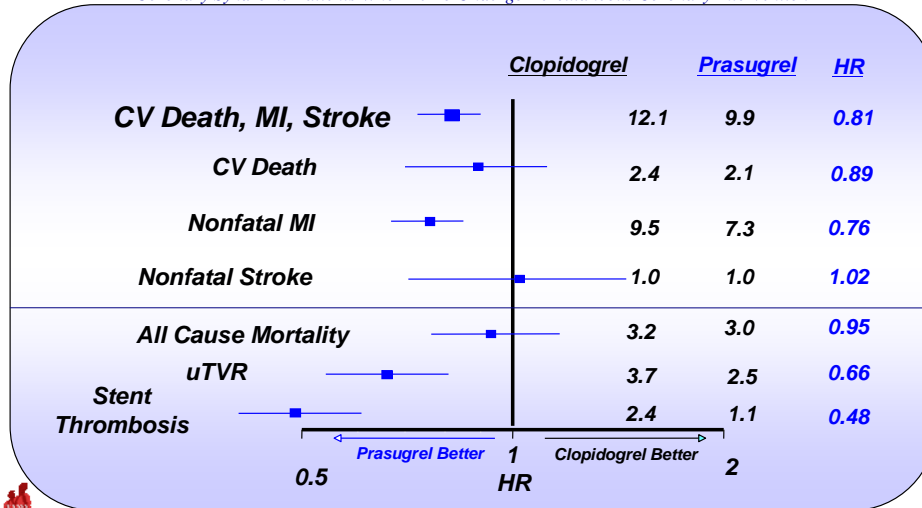
Wiviott SD, NEJM 2007; 357:2001-15

Patients randomized to prasugrel had significantly lower rates of the primary endpoint, a composite of CV death, MI, and stroke when compared to those randomized to clopidogrel. Increased rates of TIMI Major Bleeding were seen in the group taking prasugrel.

TRITON – TIMI 38

A Comparison of Prasugrel and Clopidogrel in Acute

Coronary Syndrome Patients Who Are To Undergo Percutaneous Coronary Intervention



Wiviott SD, NEJM 2007; 357:2001-15

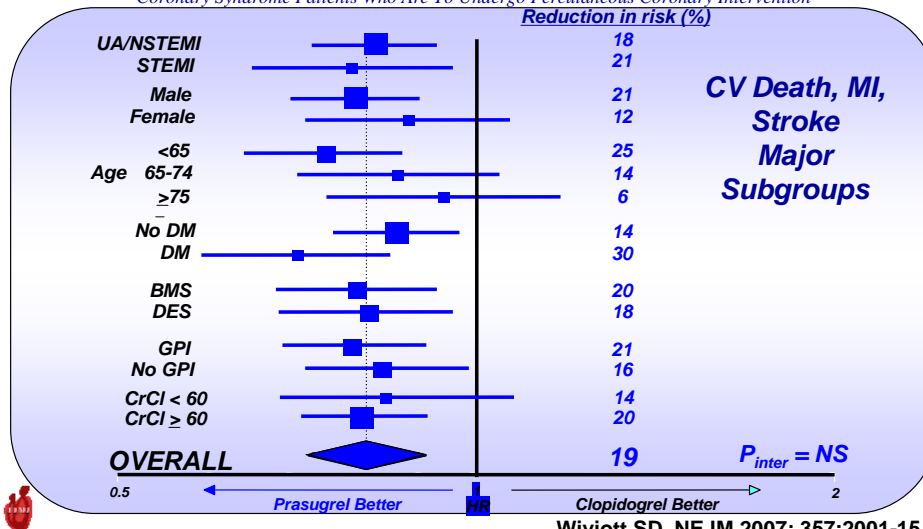
There were significant reductions in non-fatal MI, urgent target vessel revascularization and stent thrombosis. CV death was directionally consistent with the ischemic events and stroke was unaffected.



TRITON – TIMI 38

A Comparison of Prasugrel and Clopidogrel in Acute

Coronary Syndrome Patients Who Are To Undergo Percutaneous Coronary Intervention



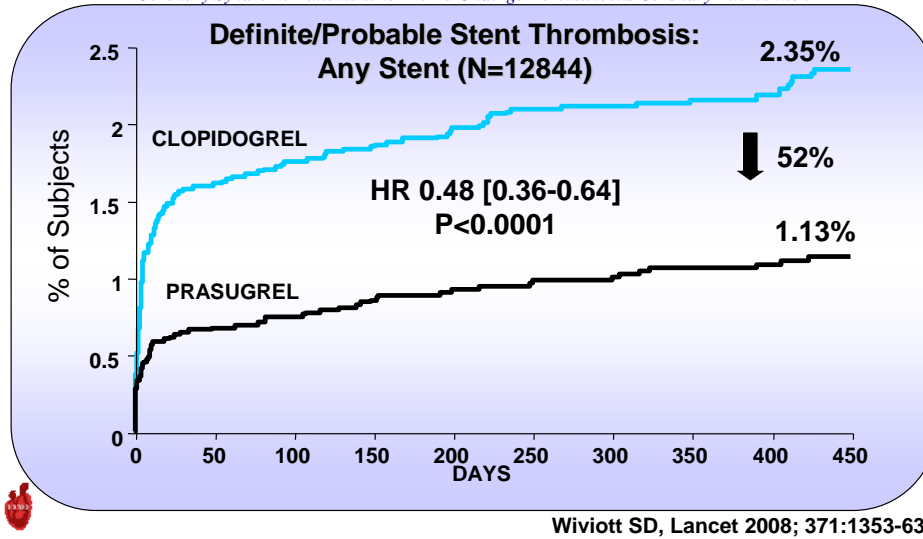
The benefit of prasugrel over clopidogrel was seen across presenting syndromes, demographic, indication and treatment subgroups with a trend toward increased benefit in patients with diabetes.



TRITON – TIMI 38

A Comparison of Prasugrel and Clopidogrel in Acute

Coronary Syndrome Patients Who Are To Undergo Percutaneous Coronary Intervention

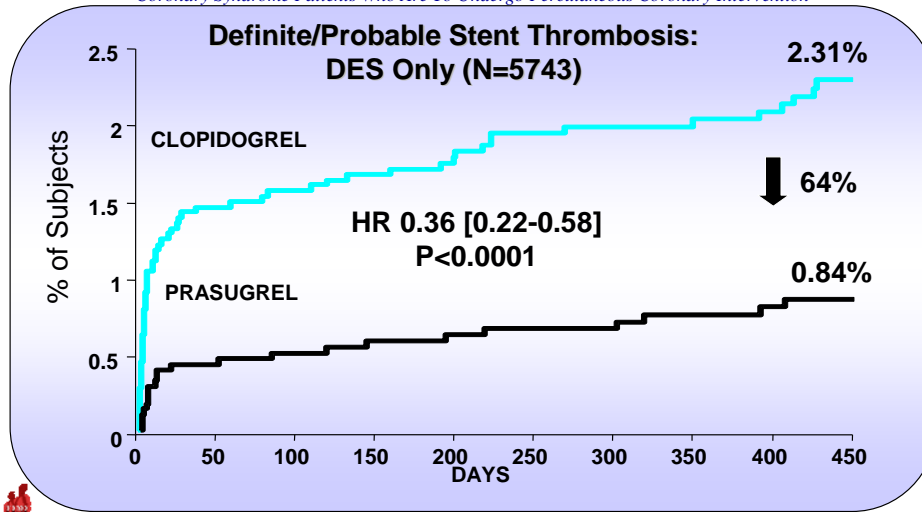


In a subsequent analysis focused on stent thrombosis, prasugrel significantly reduced the risk of clinical stent thrombosis by 52%, regardless of stent type, when compared to clopidogrel.



TRITON – TIMI 38

A Comparison of Prasugrel and Clopidogrel in Acute Coronary Syndrome Patients Who Are To Undergo Percutaneous Coronary Intervention



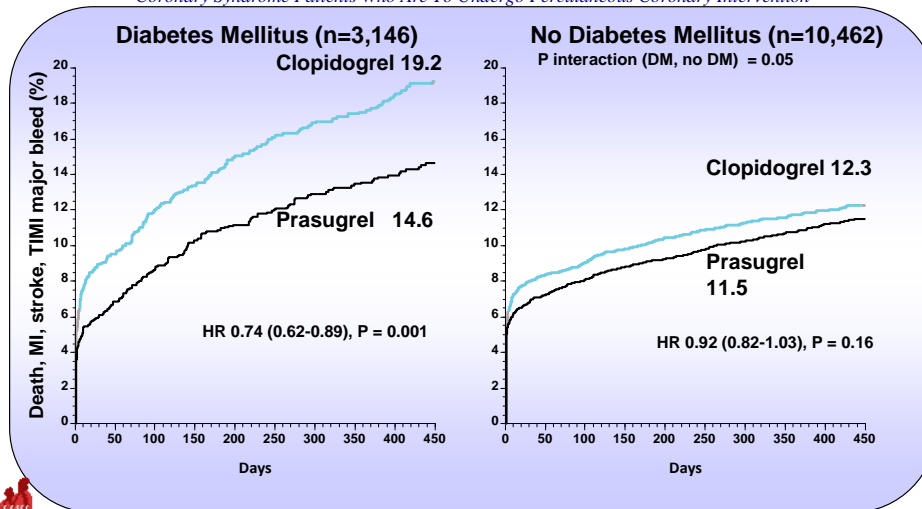
Wiviott SD, Lancet 2008; 371:1353-63

When looking specifically at drug-eluting stents (DES), prasugrel significantly reduced the risk of clinical stent thrombosis by 64% when compared to clopidogrel.



TRITON – TIMI 38

A Comparison of Prasugrel and Clopidogrel in Acute Coronary Syndrome Patients Who Are To Undergo Percutaneous Coronary Intervention

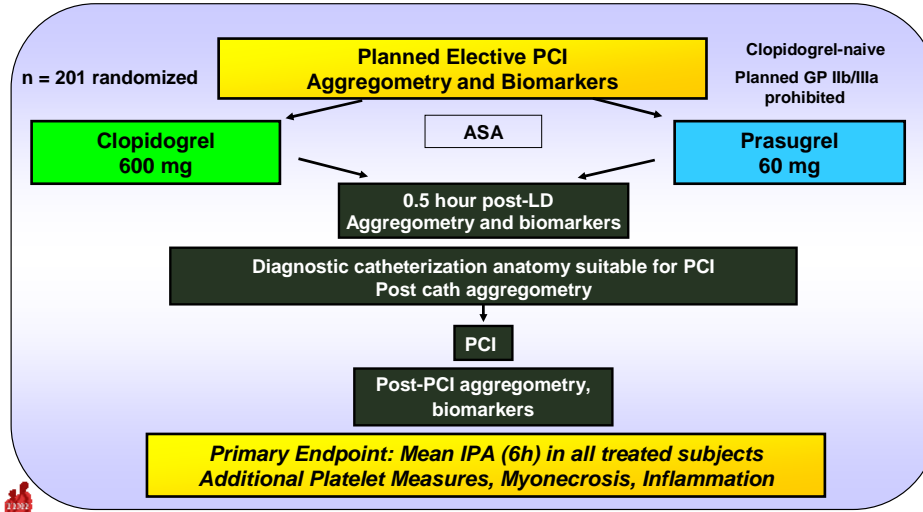


Wiviott SD, Circulation; 118:1626-36

Subjects with diabetes tended to have a greater reduction in ischemic events, without an observed increase in TIMI Major Bleeding, and therefore a greater net treatment benefit with prasugrel compared with clopidogrel.

PRINCIPLE – TIMI 44

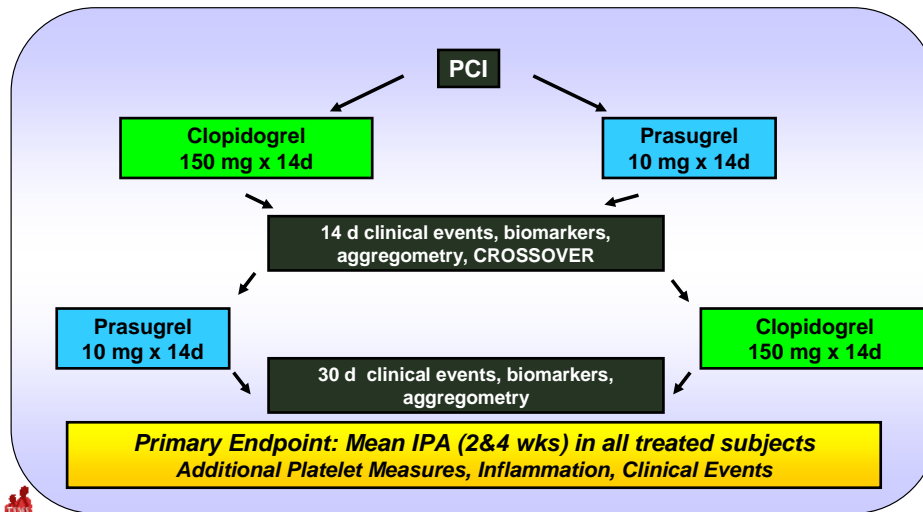
Phase I: Loading



PRINCIPLE-TIMI 44 – a randomized, double-blind, 2-phase crossover study designed to provide information regarding the relative potency of prasugrel and high-dose clopidogrel on platelet function studies, inflammation, and myocyte necrosis in subjects undergoing elective PCI. During the loading phase (phase I), platelet function was assessed at several timepoints after a loading dose of either 600 mg of clopidogrel or 60 mg of prasugrel.

PRINCIPLE – TIMI 44

Phase II: Maintenance

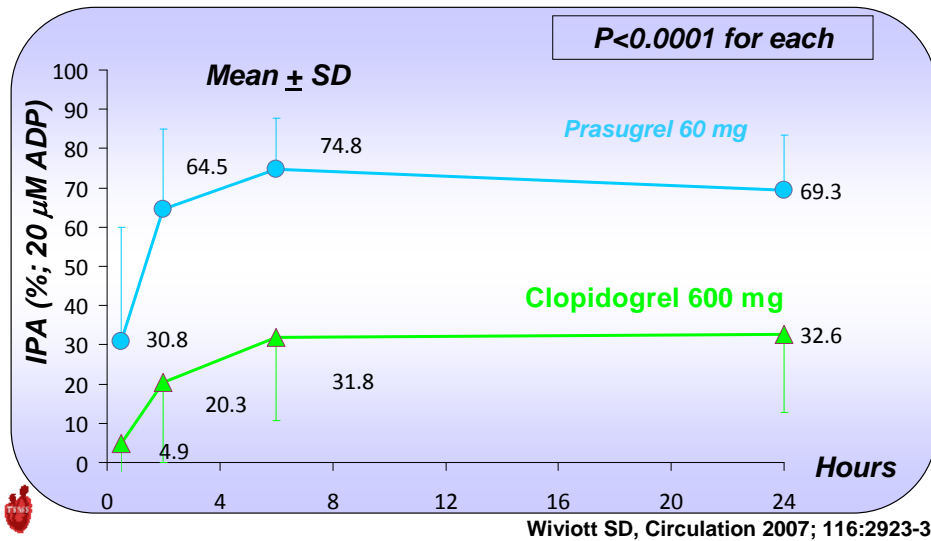


In the maintenance phase of the trial (phase II), platelet function was compared after patients were treated with a maintenance dose of clopidogrel 150 mg daily and prasugrel 10 mg daily. The study incorporated a crossover design so that platelet function was then reassessed 14 days after crossing over to the alternate drug.



PRINCIPLE TIMI 44

**PRIMARY EP Loading Phase:
IPA 20 μ M ADP**

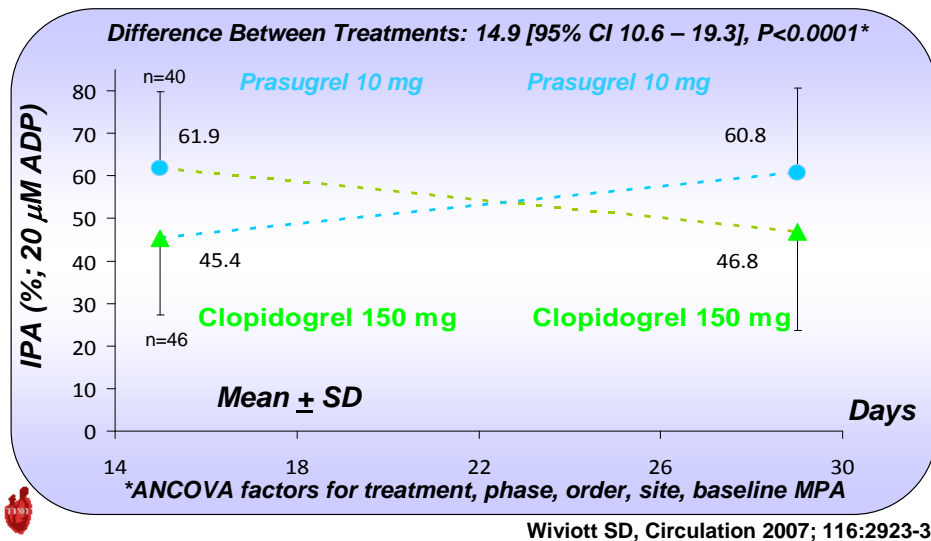


Among patients undergoing cardiac catheterization followed by PCI, a 60mg loading dose of prasugrel resulted in significantly greater platelet inhibition (as measured with light transmission aggregometry) compared to a 600mg loading dose of clopidogrel.



PRINCIPLE TIMI 44

**PRIMARY EP Maintenance Phase:
IPA 20 μ M ADP**



In the maintenance phase of the trial, treatment with prasugrel 10 mg daily significantly increased platelet inhibition when compared to clopidogrel 150mg daily.