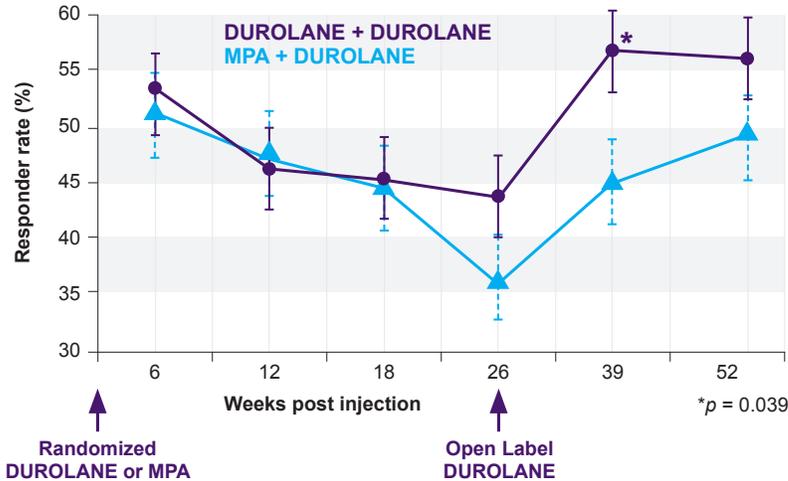
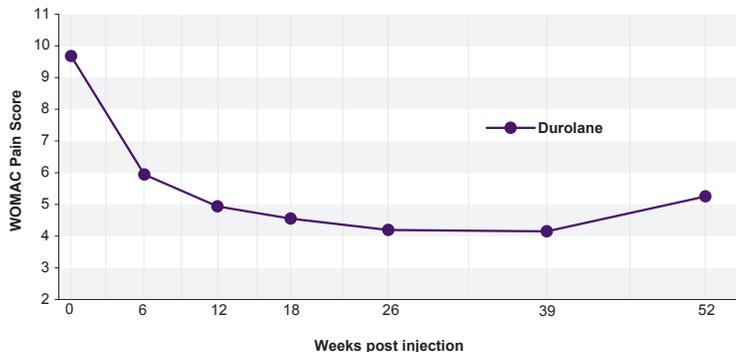


## Powerful & Lasting Pain Relief<sup>1-8</sup>



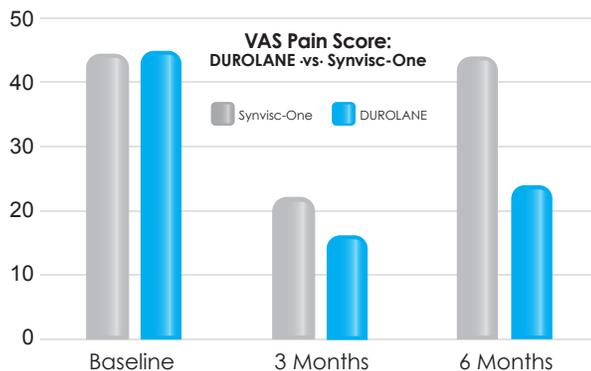
### More powerful lasting pain relief versus methyl prednisolone acetate (MPA)<sup>1</sup>

- **DUROLANE** is as effective as MPA at 6 weeks for WOMAC pain score
- **DUROLANE** demonstrates enhanced efficacy with the second injection
- **DUROLANE** can be given following a steroid injection



### DUROLANE – Long lasting up to 12 months<sup>1</sup>

- 31 patients from the **DUROLANE** group chose not to receive a 2<sup>nd</sup> injection at 26 weeks
- Patients maintained improvement in pain relief from baseline over a 12 month period
- Their responder rate was 50% at 1 year



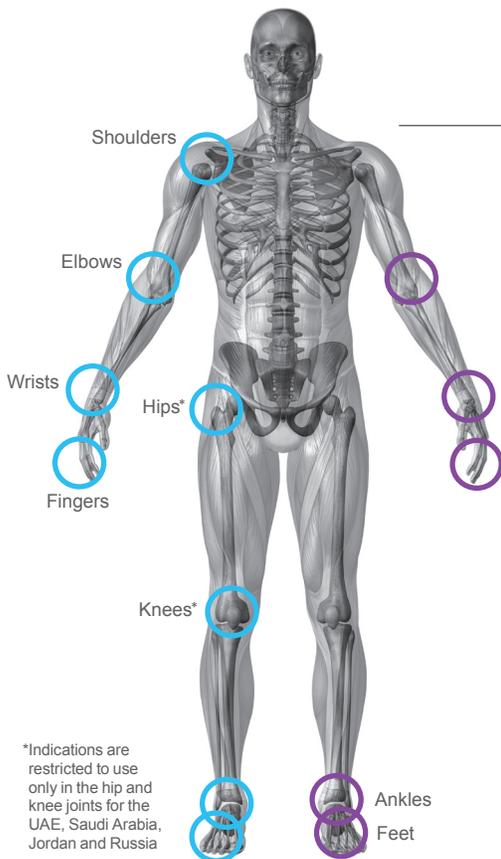
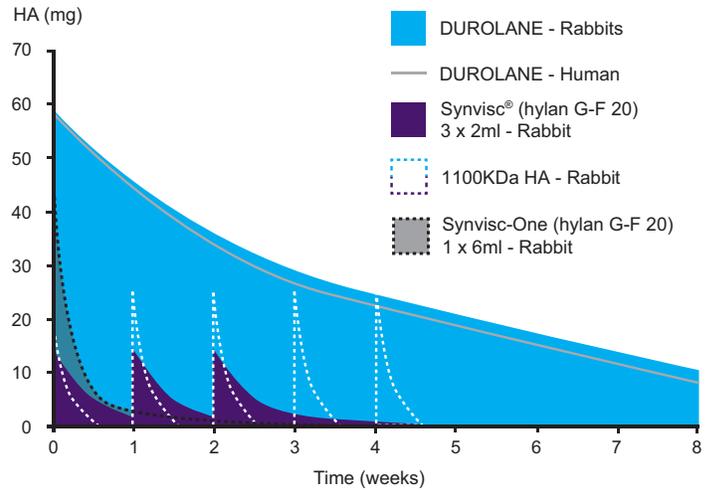
### More powerful lasting pain relief versus Synvisc-One<sup>3</sup>

- **DUROLANE** showed a significantly greater reduction in VAS-score at 3 and 6 months
- At 6 months, only **DUROLANE** showed a significant reduction versus baseline in VAS-score ( $p=0.0001$ )

# Powerful & Lasting Pain Relief<sup>1-8</sup>

## DUROLANE was designed as a single injection treatment<sup>9</sup>

- **DUROLANE** has a longer residence time<sup>10-13</sup>
- **DUROLANE** has a half-life of 28 days
  - Synvisc-One half-life: 8-10 days
  - Hyalgan half-life: 24 hours



## DUROLANE is available in a 1 and a 3 ml syringe to enable treatment of large and small joints:\*

Indications DUROLANE 3 ml (○) and DUROLANE SJ (●)

\*Indications are restricted to use only in the hip and knee joints for the UAE, Saudi Arabia, Jordan and Russia

**References:** 1. Leighton R, Åkermark C, Therrien R, et al. NASHA hyaluronic acid vs methylprednisolone for knee osteoarthritis: a prospective, multi-centre, randomized, non-inferiority trial. *Osteoarthritis Cartilage*. 2014; 22: 17-25. 2. Arden NK, Åkermark C, Andersson M, Todman MG, Altman RD. A randomized saline-controlled trial of NASHA hyaluronic acid for knee osteoarthritis. *Current Medical Research & Opinion Vol. 2014*; 30(2): 279-286. 3. McGrath A, McGrath AM, Jessop ZM, et al. A Comparison of Intra-Articular Hyaluronic Acid Competitors in the Treatment of Mild to Moderate Knee Osteoarthritis. *J Arthritis*. 2013; 2:1. 4. Jurado MR, Fidalgo AE, Villar VR, Medina JM, Lopez BS. Factors Related with the Time to Surgery in Waiting-list Patients for Knee Prostheses. *Rheumatol Clin*. 2013; 9(3): 148-155. 5. Conrozier T, Couris CM, Mathieu P, et al. Safety, efficacy and predictive factors of efficacy of a single intra-articular injection of non-animal-stabilized-hyaluronic-acid in the hip joint: results of a standardized follow-up of patients treated for hip osteoarthritis in daily practice. *Arch Orthop Trauma Surg*. 2009; 129: 843-848. 6. Krocger D, Matziolis G, Tuischer J, et al. Reduction of arthrosis associated knee pain through a single intra-articular injection of synthetic hyaluronic acid. *Rheumatol*. 2006; 65: 327-331. 7. Altman RD, Åkermark C, Beaulieu AD, Schnitzer T. Efficacy and safety of a single intra-articular injection of non-animal stabilized hyaluronic acid (NASHA) in patients with osteoarthritis of the knee. *Osteoarthritis and Cartilage*. 2004; 12: 642-649. 8. Berg P, Olsson U. Intra-articular injection of non-animal stabilised hyaluronic acid (NASHA) for osteoarthritis of the hip: A pilot study. *Clin Exp Rheumatol*. 2004; 22(3): 300-6. 9. Agerup B, Berg P, Åkermark C. Non-animal stabilized hyaluronic acid: a new formulation for the treatment of osteoarthritis. *BioDrugs*. 2005;19(1):23-30. 10. Edsman K, Hjeltn R, Lärkner H, et al. Intra-articular Duration of Durolane after Single Injection into the Rabbit Knee. *Cartilage*. 2011; 2(4) 384-388. 11. Lindqvist U, Tolmachev V, Kairemo K, Astrom G. Elimination of stabilised hyaluronan from the knee joint in healthy men. *Clin Pharmacokinet* 2002; 41: 603-13. 12. Larsen N et al. Clearance kinetics of a single injection cross-linked hylan-based viscosupplement in a rabbit model. *Osteoarth Cart* 2007; 15(Suppl. C): C64. 13. Brown T et al. Turnover of hyaluronan in synovial joints: elimination of labelled hyaluronan from the knee joint of the rabbit. *Exp Physiol* 1991; 76: 125-134.

### Summary of Indications for Use:

**DUROLANE (3ml):** Symptomatic treatment of mild to moderate knee or hip osteoarthritis. In addition, DUROLANE has been approved in the EU for the symptomatic treatment associated with mild to moderate osteoarthritis pain in the ankle, shoulder, elbow, wrist, fingers, and toes. **DUROLANE SJ (1ml):** Symptomatic treatment associated with mild to moderate osteoarthritis pain in the ankle, elbow, wrist, fingers, and toes. Both DUROLANE and DUROLANE SJ are also indicated for pain following joint arthroscopy in the presence of osteoarthritis within 3 months of the procedure.

**U.A.E., Saudi Arabia, Jordan, Hong Kong, Russia, Indonesia:**  
DUROLANE (3ml): Symptomatic treatment of mild to moderate knee or hip osteoarthritis.

There are no known contraindications.

You should not use DUROLANE if you have infections or skin disease at the injection site. DUROLANE has not been tested in pregnant or lactating women, or children. Risks can include transient pain, swelling and/or stiffness at the injection site. Full prescribing information can be found in product labeling, or at [www.durolane.com](http://www.durolane.com).

Bioventus Coöperatief U.A.  
Taurusavenue 31  
2132 LS Hoofddorp  
The Netherlands

Customer Care:  
T: 00800 02 04 06 08 (toll free)  
E: [customer-care-international@bioventusglobal.com](mailto:customer-care-international@bioventusglobal.com)  
[www.durolane.com](http://www.durolane.com)  
[www.BioventusGlobal.com](http://www.BioventusGlobal.com)