



News Release

New Results in Studies with Hypertensive Patients - Adalat® GITS and Pritor®/Kinzal® offer benefits for blood pressure control and cardiovascular protection

Berlin, June 18, 2008 – The latest insights into the search for optimal treatment of hypertension were presented today by Bayer Schering Pharma and leading experts from the field of cardiovascular disease management at the *Hypertension 2008*, the joint congress of the European Society of Hypertension and the International Society of Hypertension in Berlin.

Monotherapies with calcium channel blockers (CCBs) like Adalat® GITS* (nifedipine) and angiotensin receptor blockers (ARBs) like Pritor®/Kinzal® (telmisartan), offer different mechanisms of treatment and exhibit distinct proven advantages in the management for patients with hypertension. “Both Pritor®/Kinzal® and Adalat® GITS provide particularly effective blood pressure control. Furthermore, in the INSIGHT¹ trial with Adalat® GITS this very effective antihypertensive effect was associated with significant reductions in cardiovascular events”, explained Dr. Peter Meredith, Reader in Clinical Pharmacology in the Department of Medicine and Therapeutics of the University of Glasgow. “The large hypertensive subgroup analysis of the ACTION² study also showed a significant reduction in cardiovascular events in hypertensive patients with stable coronary artery disease treated with Adalat® GITS.”

Pritor®/Kinzal® demonstrated its protective effect for hypertensive patients at risk of cardiovascular disease in the PROTECTION³ program, which took a look at the treatment of hypertension in special patient populations in five of its substudies. “In the recently completed ONTARGET⁴ study, Pritor®/Kinzalmono® exhibited the same

Footnote: * GITS – Gastro-Intestinal Therapeutic System (once-daily formulation)

efficacy as the current gold-standard, ramipril, but showed a greater tolerability** in patients at high cardiovascular risk”, said Henry Elliot, Professor of Clinical Pharmacology and Therapeutics at the Institute of Pharmacy and Biomedical Sciences at the University of Strathclyde, Glasgow. “Telmisartan is now the only ARB with proven protection beyond blood pressure reduction”. The better tolerability is even more significant, since persons who are intolerant to ACE inhibitors had already been excluded from this arm of the trial. The combination of Pritor[®]/Kinzalmono[®] and ramipril did not exhibit additional benefits but revealed added side effects in this trial. The finding of no further benefits is consistent with the recently announced results of ONTARGET[®]'s cardiac MRI sub-study⁵. It therefore could be considered that the different modes of actions on the renin angiotensin system by ARBs and ACE inhibitors do not seem to be complementing each other.

The combination of a CCB and an ARB, on the other hand, does seem to be complementary since the two classes inhibit completely different pathways. Studies have shown that combining long acting Adalat[®] with an ARB is more effective in lowering blood pressure than monotherapy with either one of the substances⁶.

International guidelines⁷ recommend combination therapies especially for high-risk patients who should be aiming for lower blood pressure targets, the TALENT^{***} trial has been set up to look at exactly these patients. TALENT will examine the effect of three therapy strategies on high-risk hypertensive patients: a monotherapy with either the CCB Adalat[®] GITS or telmisartan, an ARB, or a combination of both. “TALENT will not only provide evidence on a new CCB and ARB combination, it will also address the question of whether this combination is advantageous as a first line therapy for high-risk patients,” said Giuseppe Mancia, Professor of Medicine and Chairman of the Department of Clinical Medicine, Prevention and Applied Biotechnologies at the University of Milan-Bicocca. The results of TALENT are expected end of 2009.

“Optimal management of hypertension remains one of the major challenges in clinical practice today” concluded Professor Hermann Haller, Chairman of the Department of Internal Medicine at the Hannover Medical School. “Reaching targets set by international guidelines on a wide scale can help save lives, and if patients are not

Footnotes: ** More discontinuations in the ramipril group than in the Pritor[®]/Kinzal[®] group were due to
- angioedema (p=0.01)
- cough (p<0.001)
More patients in the Pritor[®]/Kinzal[®] group discontinued because of hypotensive symptoms (p<0.001)

*** TALENT (A Multicentre Study Evaluating the Efficacy of Nifedipine GITS – Telmisartan Combination in Blood Pressure Control and Beyond: comparison of two strategies)

reaching these targets with monotherapy, physicians should be considering complementary combinations.”

About ONTARGET[®]

The ONTARGET[®] (*ONgoing Telmisartan Alone and in combination with Ramipril Global Endpoint Trial*) program is the largest, most ambitious ARB clinical study program ever undertaken and was designed to clarify whether telmisartan, marketed by Bayer as Pritor[®] and Kinzalmono[®], or ramipril, or a combination of the two, confers blood-pressure-independent cardio protection in high-risk patients whose blood pressure is already controlled. The trial was an academically-led study managed by the trials center at McMaster University, Hamilton, Canada.

The ONTARGET[®] trial program was a large, prospective and comparative clinical trial with a total of 31,546 patients in a network of 730 centers from 40 different countries. It consisted of 2 randomized, double-blind, multicenter international trials: a principal trial, ONTARGET[®], and a parallel trial, TRANSCEND[®] (Telmisartan Randomized Assessment Study in ACEI Intolerant Patients with Cardiovascular Disease). The ONTARGET[®] study which included 25,620 patients, compared cardiovascular outcomes in patients receiving telmisartan 80mg or ramipril 10mg, and combination therapy with telmisartan 80mg plus ramipril 10mg. The primary composite cardiovascular endpoint of ONTARGET[®] was cardiovascular mortality, non-fatal myocardial infarction, hospitalization for congestive heart failure and non-fatal stroke. Patients included in the study had normal or controlled blood pressure, were aged ≥ 55 years, were at high risk of developing a cardiovascular event, and had a history of coronary artery disease, peripheral arterial occlusive disease (PAOD), a cerebrovascular event, or diabetes mellitus with end-organ damage. The observation period lasted up to 6 years.

The sponsor of the ONTARGET[®] trial program is Boehringer Ingelheim; co-funders in selected countries are Bayer HealthCare and GlaxoSmithKline.

About Telmisartan

Telmisartan was discovered and developed by Boehringer Ingelheim. The company markets telmisartan in 84 countries around the world, including the United States, Japan and European countries, under the trademarks Micardis[®] and MicardisPlus[®] (in combination with HCTZ). Bayer HealthCare/Bayer Schering Pharma promotes telmisartan under the brand names Pritor[®], PritorPlus[®] (in combination with HCTZ) and

Kinzalmono[®], Kinzalkomb[®] (in combination with HCTZ) in markets across Europe.
www.pritor.com / www.kinzal.com / www.icmaedu.com

About TALENT

TALENT (*A Multicentre Study Evaluating the Efficacy of Nifedipine GITS – Telmisartan Combination in Blood Pressure Control and Beyond: comparison of two strategies*) is a multicenter, prospective, randomized, double blind trial. 40 centers in Italy and Spain will enroll 400 hypertensive patients who will be randomized to three arms. Patients will initially be assigned to one of three groups, receiving either 20mg of Adalat[®] GITS (nifedipine GITS), 80mg of telmisartan or a combination of both. After eight weeks, all groups will receive the combination therapy.

Among the inclusion criteria for patients are: untreated or poorly controlled hypertension (systolic blood pressure, SBP, > 135mmHg); presence of type 2 diabetes or target organ damage; presence of at least two defined indicators of metabolic syndrome.

The objective of the trial is to evaluate the efficacy in blood pressure control when antihypertensive therapy is initiated with a combination of low dose nifedipine GITS and telmisartan compared to a regimen starting with monotherapy before adding the other drug after eight weeks. The primary study endpoint is the mean 24 hour SBP at 16 weeks compared to baseline using an ambulatory blood pressure measurement.

Secondary endpoints include the decrease in SBP at 8 and 16 weeks; the percentage of patients achieving a blood pressure under 125/80 mmHg; changes in day and night average blood pressures and the presence of selected metabolic parameters.

About Adalat[®] GITS (Gastro-Intestinal Therapeutic System)

Adalat[®] GITS is a worldwide standard in the treatment of hypertension and angina. Its positive safety and efficacy profile has been demonstrated in numerous trials including the international outcome trials INSIGHT and ACTION. The GITS tablet consists of a drug reservoir surrounded by a semi-permeable membrane, which has a single precision-laser-drilled pore on the drug-reservoir side. When Adalat[®] GITS enters the gastrointestinal tract, the tablet begins to absorb water and a nifedipine suspension forms in the drug reservoir. The increasing osmotic pressure pushes this suspension through the pore at a constant rate for 24 hours. The resulting effect is a constant plasma level of nifedipine and a reduction in unwanted side effects. The effective and convenient once-daily formulation improves patient compliance. Recent research suggests that the results of studies like INSIGHT and ACTION, which confirm the positive safety and efficacy profile of nifedipine, can only be applied to Adalat[®] GITS.

Generic formulations of nifedipine have shown different pharmacokinetic and pharmacodynamic properties.^{8,9} www.adalat.com

About Bayer

The Bayer Group is a global enterprise with core competencies in the fields of health care, nutrition and high-tech materials. Bayer HealthCare, a subsidiary of Bayer AG, 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, Diabetes Care and Pharmaceuticals divisions. The pharmaceuticals business operates under the name Bayer Schering Pharma AG. Bayer HealthCare's aim is to discover and manufacture products that will improve human and animal health worldwide.

Find more information at www.bayerhealthcare.com.

About Bayer Schering Pharma

Bayer Schering Pharma is a worldwide leading specialty pharmaceutical company. Its research and business activities are focused on the following areas: Diagnostic Imaging, General Medicine, Specialty Medicine and Women's Healthcare.

With innovative products, Bayer Schering Pharma aims for leading positions in specialized markets worldwide. Using new ideas, Bayer Schering Pharma aims to make a contribution to medical progress and strives to improve the quality of life.

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Forward-Looking Statements

This release may contain forward-looking statements based on current assumptions and forecasts made by Bayer Group or subgroup management. Various known and unknown risks, uncertainties and other factors could lead to material differences between the actual future results, financial situation, development or performance of the company and the estimates given here. These factors include those discussed in Bayer's public reports which are available on the Bayer website at www.bayer.com. The company assumes no liability whatsoever to update these forward-looking statements or to conform them to future events or developments.

References

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