Mallinckrodt Pharmaceuticals

THERAKOS™ ECP EDGE

Transforming service into solutions

Therakos™
ECP Immunomodulation

ECP STRENGTH

Guideline Recommended

Evidence-based treatment recommendations[1]

ECP has 3 decades of clinical evidence and experience behind it[1-3]

- ECP was first approved for the treatment of skin manifestations of cutaneous T-cell lymphoma (CTCL)* over 30 years ago[2]
- ECP is now an established, guideline-recommended immunotherapy for the following indicated immune-mediated conditions[1,2]
- ECP's indications are supported by multiple published randomized control trials[4-6]

Systemic Sclerosis[1,7]

CTCL Skin Manifestations[1,7-9]

Disease	Society / Association	Strength / Grade	Region	Year
CTCL	National Cancer Institute (NCI)[10]	Not specified	US	2015
	European Dermatology Forum (EDF)[1]	Not specified	EU	2014
	American Society for Apheresis (ASFA)[11]	1B for erythodermic, 2C for non-erythrodermic	US	2016
	National Comprehensive Cancer Network (NCCN)[12]	2A	US	2014
	United States Cutaneous Lymphoma Consortium (USCLC)[13]	II-2	UK	2011
	United Kingdom Photopheresis Society (UKPS)[14]	A	UK	2017
	European Organization for Research and Treatment of Cancer (EORTC)[15]	Level 3	EU	2017
Systemic Sclerosis	American Society for Apheresis (ASFA)[11]	2A	US	2016
	European Dermatology Forum (EDF)[1]	Not specified	EU	2014

Please see Important Safety Information, including contraindications, warnings and precautions, and adverse events, on back page

Performance

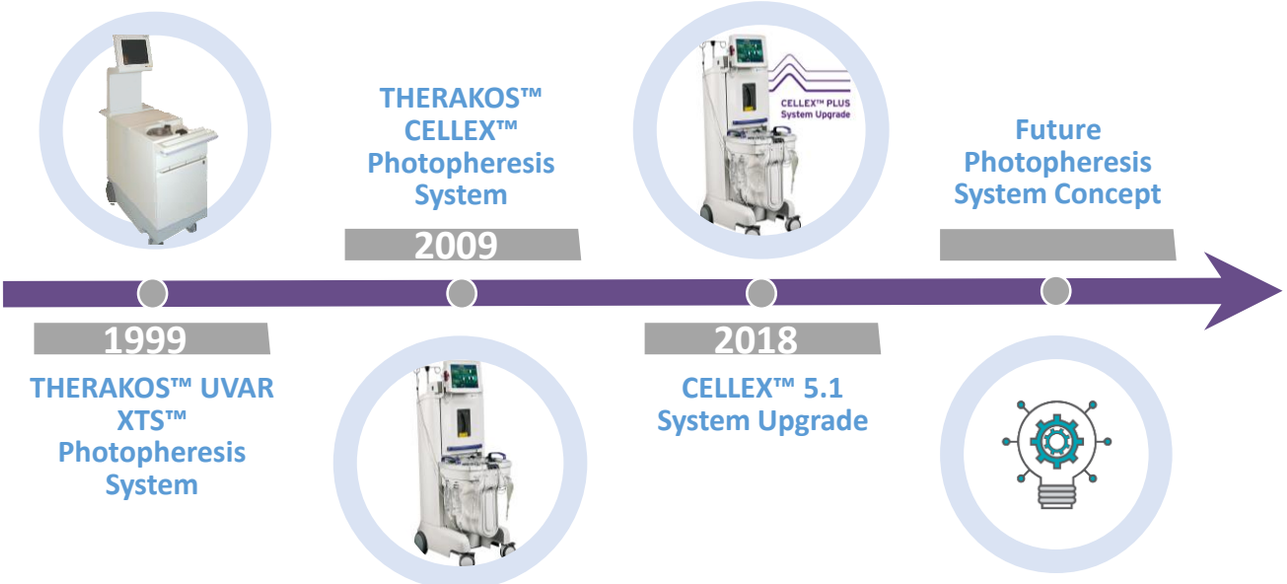
The Therakos™ Photopheresis System is **the only ECP platform in Canada**

- The THERAKOS™ CELLEX™ Photopheresis System represents our latest advancement in integrated ECP immunomodulation technology
- CELLEX™ is a device that we're committed to improving, according to your evolving needs. It's why we make regular updates to the system, all designed to improve user experience and provide optimal delivery of ECP therapy

Flexibility and adaptability facilitate service provision

The CELLEX™ system offers beneficial operational features:

- A mobile, compact system that is easily moved/transported within the unit*
- Choice of single- or double-needle mode according to venous access conditions, and the ability to switch between the 2 at any time during the procedure
- Troubleshooting wizards to support efficient solutions for operators during ECP procedures



*Please inform your key account manager of device location changes within your unit.

Therakos™ ECP Immunomodulation

THERAKOS™ ECP EDGE

Patient & Customer Focus

Our dedicated in-house support team (ONE team) will help ensure optimal delivery of ECP treatments to your patients

- With all of our learning initiatives, we aim to provide the highest standards and contribute to the creation of a more informed medical community, which is better placed to deliver ECP Immunomodulation to patients

Therakos™ ONE team solutions

- Operator training & troubleshooting
- Machine repair & servicing*
- Order taking & delivery
- Contract options & adaptations

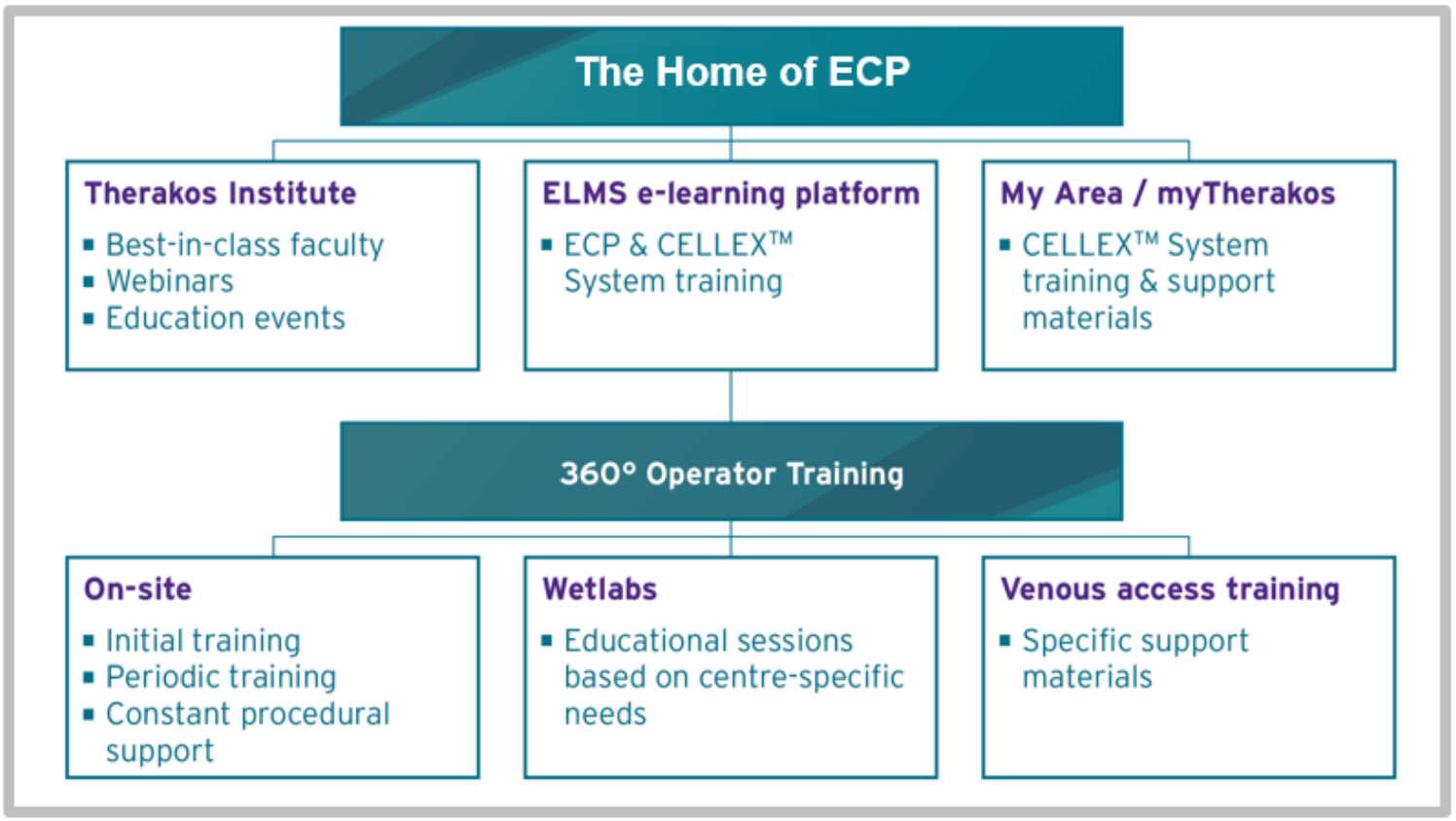
Integrated ECP enables single oversight and accountability for monitoring and maintaining a safety database for ECP

Bilingual hotline support available 24/7/365 for:
- Customer Service
- Technical and Clinical

Fast turnaround times for repairs
- 24 hours for critical repairs**
- 48 hours for non-critical repairs**

*Applicable only for select service contracts.
**For most locations in Canada.

Patient & Customer Focus



Comprehensive training throughout

- ❑ Onsite initial training for nurses and other HCPs
- ❑ Periodic onsite training to help HCP teams become more confident
- ❑ Constant onsite procedural support, including training for special patient populations
- ❑ Continuous improvement based on customer interaction

The Therakos ECP Institute Online

Offers a range of learning and self-study training opportunities available, including:

- ❑ Access to training sessions on ECP and immunomodulation
- ❑ Managing patient ECP procedures
- ❑ Access to all operator resources for optimal patient care

A direct connection to unique expertise

- ❑ Our Medical Affairs team is always available to customers. One-to-one support means exclusive access to their specialist understanding of ECP

Therakos™
ECP Immunomodulation

THERAKOS™ ECP EDGE

Validated Technology

The CELLEX™ System is Canada's only fully integrated and validated platform for ECP

With full integration comes the expectation of reassurance of a completely sterile and continuous process[1,16]

Because the patient remains connected to the CELLEX™ System throughout the procedure

- Reinfusion errors or cross contamination are minimized [1,10]
- Minimal risk of microbial contamination

Flexibility Designed for Canada

Therakos ™ Photopheresis pricing plans were designed with Canadian hospitals in mind.

- Flexible **annual kit pricing** to align with your patient care needs
- All-inclusive pricing to help you manage your budget
- Single and multi-year contract options for **increased flexibility**
- **CELLEX™ Evaluation Program** to help you plan your growth
- Flexible service models to provide the support your staff requires
- Pricing is **now offered in Canadian Dollars**

PRICING

Fixed Kit Pricing

Kit pricing is fixed for the calendar year based on total kit volume purchased in the previous year.

Dynamic Kit Pricing

Kit pricing discount is increased throughout the year as new kit volume thresholds are achieved.

All-Inclusive Pricing

One all-inclusive price for all of your hospital's Therakos equipment needs that is fixed annually – even if you experience growth in patients requiring ECP.

SERVICES

Service Models

With five options to choose from, our Account Managers will work with you to select the best fit for your hospital.

Evaluation Program

Our trial program provides you the opportunity to evaluate the addition of a Cellex device to your institution for one year – at no additional cost.

Therakos™
ECP Immunomodulation

Important Safety Information for THERAKOS™ Photopheresis Procedure

INDICATION
The THERAKOS™ CELLEX™ Photopheresis System is indicated for use in the ultraviolet-A (UVA) irradiation, in the presence of the photoactive drug 8-methoxypsoralen (8-MOP), of extracorporeally circulating leukocyte-enriched blood, in the palliative treatment of the skin manifestations of cutaneous T-cell lymphoma (CTCL) and systemic sclerosis (SSc).

CONTRAINDICATIONS
Certain underlying medical conditions contraindicate THERAKOS Photopheresis, including:

- Patients who cannot tolerate extracorporeal volume loss during the leukocyte enrichment phase
- Patients exhibiting idiosyncratic or hypersensitivity reactions to 8-methoxypsoralen/psoralen compounds
- Patients with coagulation disorders or who have had previous splenectomy

WARNINGS & PRECAUTIONS
THERAKOS Photopheresis treatments should always be performed in locations where standard medical emergency equipment is available. Volume replacement fluids and/or volume expanders should be readily available throughout the procedure.

- MR-Unsafe: Do not expose the device to a magnetic resonance (MR) environment. The device may present a risk of projective injury, and thermal injury and burns may occur. The device may generate artifacts in the MR image, or may not function properly.
- Thromboembolic Events: Thromboembolic events, including pulmonary embolism and deep vein thrombosis, have been reported in the treatment of Graft versus Host Disease (GvHD), an indication not approved in Canada. Special attention to adequate anticoagulation is advised when treating patients with GvHD.
- Concomitant Therapy: When prescribing and administering THERAKOS Photopheresis for patients receiving concomitant therapy, exercise caution when changing treatment schedules to avoid increased disease activity that may be caused by abrupt withdrawal of previous therapy.

ADVERSE REACTIONS
Hypotension may occur during any treatment involving extracorporeal circulation. Monitor the patient closely during the entire treatment.

Transient pyretic reactions, 37.7-38.9o C (100-102o F), have been observed in some patients within 6-8 hours of reinfusion of the photoactivated leukocyte-enriched blood. A temporary increase in erythroderma may accompany the pyretic reaction.

Treatment frequency exceeding labeling recommendations may result in anemia.

Venous access carries a small risk of infection and pain.

Important Safety Information for Methoxsalen Sterile Solution Used in Conjunction with THERAKOSTM CELLEX Photopheresis System

CONTRAINDICATIONS
Methoxsalen Sterile Solution is contraindicated in:

- Patients exhibiting idiosyncratic reactions to psoralen compounds
- Patients with aphakia
- Patients possessing a specific history of a light-sensitive disease state

SERIOUS WARNINGS & PRECAUTIONS

- Concomitant Therapy: Exercise care in treating patients who are receiving concomitant therapy (either topically or systemically) with known photosensitizing agents.
- Carcinogenicity: Oral administration of methoxsalen followed by cutaneous UVA exposure (PUVA therapy) is carcinogenic. Patients exhibiting multiple basal cell carcinomas or having a history of basal cell carcinoma should be diligently observed and treated.
- Teratogenicity: Methoxsalen may cause fetal harm when given to a pregnant woman. Women undergoing photopheresis should be advised to avoid becoming pregnant.
- Cataractogenicity: Patients should be told emphatically to wear UVA absorbing, wrap-around sunglasses for twenty-four (24) hours after methoxsalen treatment, any time they are exposed to direct or indirect sunlight and whether they are outdoors or exposed through a window.
- Safety in children has not been established.

FOR MORE INFORMATION
Please consult the full product monograph for methoxsalen sterile solution (if used in conjunction with the THERAKOS™ CELLEX™ Photopheresis System) and the Operator's Manual for the CELLEX system at https://www.mallinckrodt.ca/products/therakos/, or by calling us at 1-877-566-9466.

1. Knobler R, et al. 2014;28 Suppl 1:1-37. 2. Cho A, et al. Front Med (Lausanne). 2018;5:236. 3. Vieyra-Garcia PA, Wolf P. Transfus Med Hemother. 2020;47(3):226-235. 4. Knobler R, et al. J Am Acad Dermatol. 2006; 54(5): 793-799. 5. Rook A, et al. Arch Dermatol. 1992; 128(3):337-346. 6. Therakos, Inc. Uvadex Product Monograph. 2013; 15-16. 7. Padmanabhan A, et al. J Clin Apher. 2019;34(3):171-354. 8. Trautinger F, et al. Eur J Cancer. 2017;77:57-74. 9. Alfred A, et al. Br J Haematol. 2017;177:287-310. 10. NCI 2015 – National Cancer Institute: Mycosis Fungoides and Sézary Syndrome Treatment (PDQ®) 2017 (available at https://www.cancer.gov/types/lymphoma/hp/mycosis-fungoides-treatment-pdq#section/_73). 11. ASFA – Schwartz J, et al. J Clin Apher. 2016;31(3):149-162. 12. NCCN 2014 – National Comprehensive Cancer Network: NCCN Clinical Practice Guidelines in Oncology (NCCN Guidelines®). Available at: http://www.nccn.org/about/nhl.pdf. 13. USCLC. J Am Acad Dermatol. 2011;64(2):352-404. 14. UKPS 2014 – Das-Gupta E, et al. Bone Marrow Transplant. 2014;49(10):1251-1258. 15. EORTC 2017 – Trautinger F, et al. Eur J Cancer. 2017;77:57-74. 16. Perotti C, Sniecinski I. Transfus Apher Sci. 2015;52(3):360-368.