Dear {{customText[Dr|Prof|A/Prof|Mr|Mrs]}} {{accFname}} {{accLname}},

Over 10 years of experience supports BETMIGA™ for alleviating debilitating symptoms of overactive bladder (OAB) and improving patient quality of life

BETMIGA™ is a well-established, first-in-class ß3-adrenoceptor agonist approved for the symptomatic treatment of urgency, increased micturition frequency and/or urgency incontinence as may occur in adult patients with OAB syndrome, providing patients with similar efficacy to antimuscarinics but with a **more favourable tolerability profile**[1-7]

2013
The launch of BETMIGA™,[6]

~23 mil
patients treated with BETMIGA™,[7]

69
countries with access to BETMIGA™,[7]

Over **15,900 patients across 19 clinical studies** and **19,200 patients in extensive real-world data worldwide** have been treated with BETMIGA™, supporting its established safety profile[1-4,8-43]

Effective reduction of OAB symptoms

Extensive data from **46,666 patients** across **64 RCTs** (from an SLR and NMA) show that **BETMIGA™ reduces key OAB symptoms** significantly better than placebo and similar to a range of common antimuscarinics[44]

Established safety profile, including elderly and male patients

Clinical trials demonstrate that **BETMIGA™ has low overall incidence of TEAEs,** with most being mild to moderate[24,25,45]

BETMIGA™ has an **established safety profile in ≥65-year-olds and male patients**[25,26,46]

No increased risk of MACE

In a pooled analysis of 13 studies and 13,396 patients, BETMIGA™ had **comparable cardiovascular safety profile** vs placebo and antimuscarinics, with **no increased risk of MACE**[47]

Positively impacts patient QoL

BETMIGA™ **significantly improves patients' QoL,** with improvements in sleep quality, coping with symptoms or concerns about incontinence[48]

BETMIGA™ is recommended by the EAU 2023 guidelines as **first-line** pharmacological treatment for symptomatic treatment of urgency, increased micturition frequency and/or urgency incontinence as may occur in adult patients with OAB syndrome[49]

The effectiveness and tolerability of BETMIGA™ is confirmed in **real-world clinical practice**[8-13]

Extensive data from five real-world studies showed that **BETMIGA™ consistently improves bladder symptoms**[8-13]

BETMIGA™ maintains an improvement in the symptoms of OAB **over 1 year**, helping to reduce the impact of OAB on **patients' HRQoL in the long term**[50]

EAU, European Association of Urology; HRQoL, health-related quality of life; MACE, major adverse cardiovascular events; NMA, network metaanalysis; OAB, overactive bladder; RCT, randomised clinical trial; QoL, quality of life; SLR, systematic literature review; TEAE, treatment emergent adverse event.

Effective management of OAB symptoms requires **long-term treatment** and **patient persistence**, given the **chronic nature** of the condition[50]

Persistence with **antimuscarinics** is very **low (8% after 2 years)**, primarily due to **side effects**[51-54]

Over **10 years of real-world** data show that **BETMIGA™** consistently demonstrates **higher persistence rates** when compared to placebo and antimuscarinics[10, 55-57]

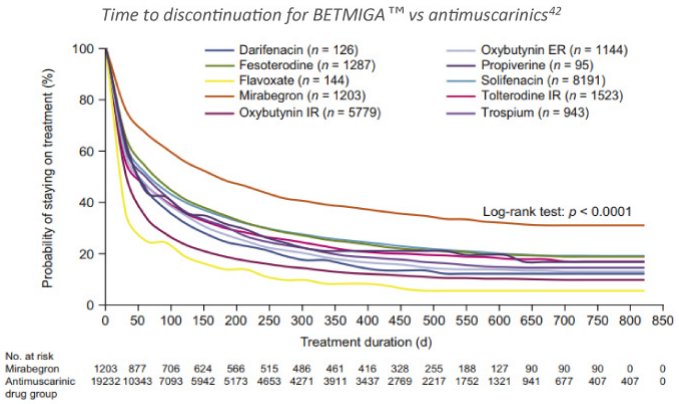
BETMIGA™ persistence ensures **long-term OAB management**, resulting in **better symptom control** and **improved economic** and **QoL outcomes**[50]

Median time-to-discontinuation (days)[42]

BETMIGA™ 169

Tolterodine* 56 ↓

Other antimuscarinics† 30-78 ↓



BETMIGA™ **is cost-saving** and **cost-effective** compared with antimuscarinics across multiple countries, due to lower overall treatment costs and HCRU[57-65]

€69.2 billion
the economic burden of UI in 2024, with the highest cost attributed to:[66]

Productivity losses: absenteeism, presenteeism, caregiver costs (40% in men and 43% in women)

Incontinence pads (28% in men and 22% in women)

First-line treatment with BETMIGA™ is associated with **lower overall annual costs** and **reduced treatment switches**, **GP and urologist visits**, and **UTI-related expenses** compared to antimuscarinics[62-64]

Key drivers of cost-effectiveness of BETMIGA™ vs antimuscarinics include **utility gains**, **improved tolerability**, **better persistence** and **decreased HCRU**[57,65]

*(HR 1.55; 95% CI 1.41,1.71; p<0.0001); †(p<0.001 for all comparisons).
GP, general practitioner; HCRU, healthcare resource utilization; OAB, overactive bladder; QoL, quality of life; UI, urinary incontinence; UTI, urinary tract infection.

Click here for BETMIGA™ Abbreviated Prescribing Information

References: 1. Khullar V et al. Eur Urol. 2013;63(2):283-95; **2.** Khullar V et al. BMC Urol. 2013b;13:45; **3.** Batista JE et al. Ther Adv Urol. 2015;7(4):167-79; **4.** Staskin D et al. Int Urogynecol J. 2018;29(2):273-283; **5.** Maman K et al. Eur Urol. 2014;65(4):755-65; **6.** BETMIGA™ Summary of Product Characteristics. Available at: https://www.ema.europa.eu/en/documents/product-information/betmiga-epar-product-information_en.pdf; **7.** Astellas Pharma Inc. Integrated Report 2022 [Accessed January 2024]; **8.** Kallner KH et al. Eur J Obstet Gynecol Reprod Biol. 2016;203:167-72; **9.** Balachandran A and Duckett J. Eur J Obstet Gynecol Reprod Biol. 2016;200:63-7; **10.** Nozawa Y et al. Low Urin Tract Symptoms. 2018;10(2):122-130; **11.** Liao CH and Kuo HC. Medicine (Baltimore). 2016;95(45):e4962; **12.** Oh, S-J. Presented at: ICS 2021; 14-17 Oct, 2021; Melbourne. www.ics.org/2021/abstract/387; **13.** Freeman R et al. Curr Med Res Opin. 2018;34(5):785-93; **14.** Nazir J, et al. BMC Urol. 2018a Sep;18(1):76; **15.** Nitti VW, et al. Am J Pharm Benefits. 2016;8(2):e25-e33; **16.** Carlson KV, et al. Adv Ther. 2019 Aug;36(8):1906-21; **17.** Martan A, et al. Eur J Obstet Gynecol Reprod Biol. 2017 Mar;210:247-50; **18.** Kato D, et al. Int J Urol. 2017 Oct;24(10):757-64; **19.** Kato D, et al. Low Urin Tract Symptoms. 2019 Apr;11(2):O152-o61; **20.** Katoh T, et al. Int J Urol. 2016 Dec;23(12):1009-15; **21.** Wada N, et al. Int J Urol. 2018 May;25(5):501-6; **22.** Lee YK, et al. Geriatr Gerontol Int. 2018 Sep;18(9):1330-3; **23.** Wagg AS, et al. Int J Clin Pract. 2017 Oct;71(10); **24.** Herschorn S, et al. Urology. 2013 Aug;82(2):313-20; **25.** Shin DG, et al. Neurourol Urodyn. 2019 Jan;38(1):295-304; **26.** Wagg A, et al. Eur Urol. 2020 Feb;77(2):211-20; **27.** Nitti VW, et al. J Urol. 2013c Oct;190(4):1320-7; **28.** Khullar V, et al. Neurourol Urodyn. 2016 Nov;35(8):987-94; **29.** Kuo HC, et al. 2015 Sep;34(7):685-92; **30.** Yamaguchi O, et al. BJU Int. 2014 Jun;113(6):951-60; **31.** Chapple CR, et al. Eur Urol. 2013b Feb;63(2):296-305; **32.** Yamaguchi O, et al. Low Urin Tract Symptoms. 2017 Jan;9(1):38-45; **33.** Abrams P, et al. Eur Urol. 2015 Mar;67(3):577-88; **34.** Herschorn S, et al. BJU Int. 2017a Oct;120(4):562-75; **35.** Robinson D, et al. 2018b Jan;37(1):394-406; **36.** Gratzke C, et al. Eur Urol. 2018 Oct;74(4):501-9; **37.** Drake MJ, et al. Eur Urol. 2016 Jul;70(1):136-45; **38.** Yamaguchi O, et al. BJU Int. 2015 Oct;116(4):612-22; **39.** Kakizaki H, et al. Eur Urol Focus. 2020 Jul;6(4):729-37; **40.** Kaplan SA, et al. J Urol. 2020 Jun;203(6):1163-71; **41.** Yamaguchi O, et al. Int J Urol. 2019 Mar;26(3):342-52; **42.** Chapple CR et al. Eur Urol. 2017;72(3):389-399; **43.** Ng DB, et al. J Med Econ. 2017 Dec;20(12):1272-80; **44.** Kelleher C et al. Eur Urol. 2018;74(3):324-333; **45.** Nitti VW et al. J Urol. 2013;189(4):1388-95; **46.** Tubaro A et al. Ther Adv Urol. 2017;9(6):137-154; **47.** White WB et al. J Am Soc Hypertens. 2018;12(11):768-778.e1; **48.** Castro-Diaz D et al. Qual Life Res. 2015;24(7):1719-27; **49.** EAU Guidelines on Management of Non-Neurogenic Female LUTS 2023. Available at: https://d56bochluxqnz.cloudfront.net/documents/fullguideline/ EAU-Guidelines-on-Non-neurogenic-Female-LUTS-2023.pdf; **50.** Kim TH et al. Investig Clin Urol. 2016;57(2):84-93; **51.** Chancellor MB et al. Clin Ther. 2013;35(11):1744-51; **52.** Benner JS et al. BJU Int. 2010;105(9):1276-82; **53.** Lloyd SM et al. J Clin Urol. 2017;10(6):513-22; **54.** Ali M et al. Adv Ther. 2019;36(11):3110-22; **55.** Wagg A et al. Can Urol Assoc J. 2015;9(9-10):343-50; **56.** Yeowell G et al. BMJ Open. 2018;8(11):e021889; **57.** Nazir J et al. Value Health. 2015a Sep;18(6):783-90; **58.** Arlandis- Guzmán S et al. Arch Esp Urol. 2018;71(10):809-24; **59.** Herschorn S et al. Can Urol Assoc J. 2017b;11(3-4):123-30; **60.** Parise H et al. Pharmacoecon Open. 2020;4(1):79-90; **61.** Yamanishi Y et al; Int J Urol. 2018;25(10):863-70; **62.** Nazir J et al. Pharmacoecon Open. 2017;1(1):25-36; **63.** Martins de Almeida R et al. Actas Urol Esp (Engl Ed). 2022;46(3):184-192; **64.** Jaggi A et al. Drugs Aging. 2021;38(10):911-920; **65.** Aballéa S et al. Clin Drug Investig. 2015;35(2):83-93; **66.** EAU Economic Health Report 2023. Available at: https://uroweb.org/an-urge-to-act.

Yours sincerely,
{{userName}}

Astellas Pharma Malaysia Sdn. Bhd
Suite 18.05, Level 18 Centre Point North Tower Mid Valley City | Lingkaran Syed Putra | 59200 Kuala Lumpur, **Tel:** (+60-3) 2202 6999
Fax: (+60-3) 2202 6988,(+60-3) 2202 6977
www.astellas.com

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