

EVERY
20 SECONDS,
1 INDIAN
SUFFERS
A BRAIN
STROKE.¹

Every minute of delay without treatment causes 4 million neurons, 12 million brain cells, and 15 billion synapses die.³



Ischemic stroke demands swift action within the golden window.

Let's pledge to ensure that patients get the right treatment at the right time.

#MakingIndiaStrokeAwareNation

Recognize reliability.
Refine outcomes.

JANO
TENECTASE
PEHCHAN
ADVANTAGE

#MakingIndiaStrokeAwareNation



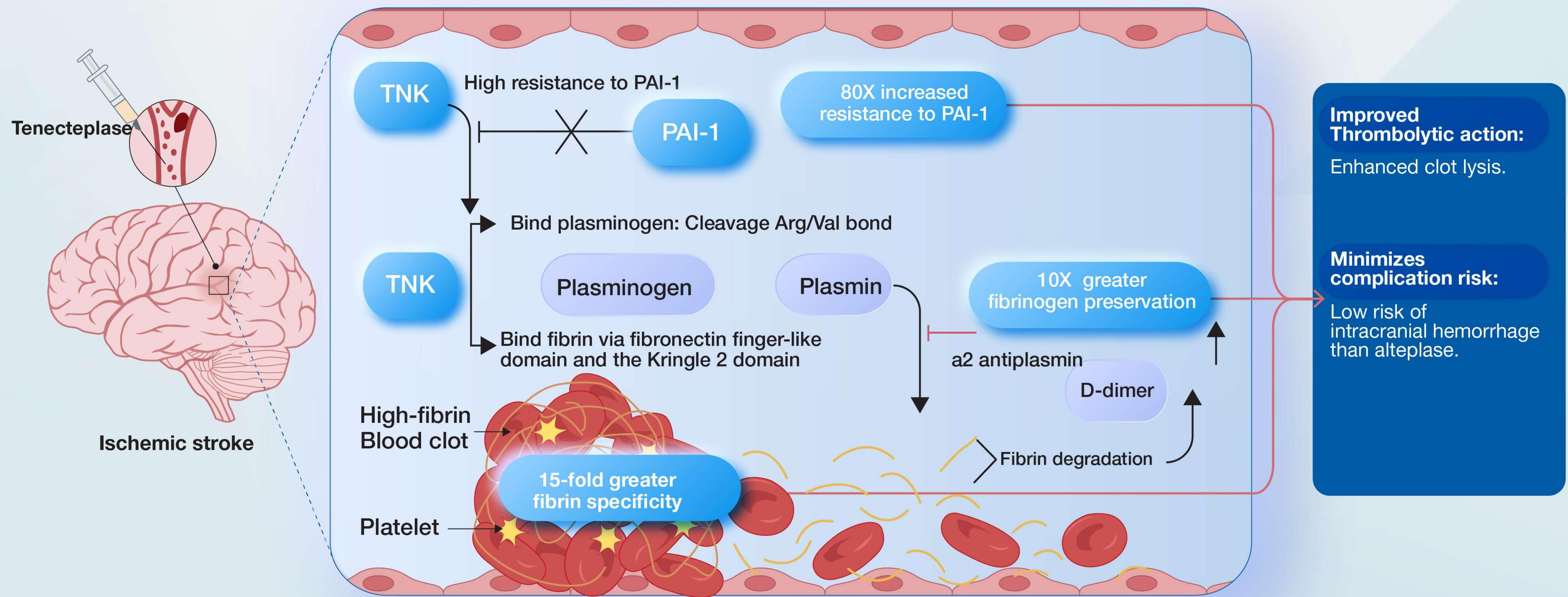
Well Characterized MOA of



In Acute Ischemic Stroke

Rx Tenectase®
 Tenecteplase Injection 20 mg
Every second counts

Enhances its Efficacy & Safety in AIS





In Acute Ischemic Stroke

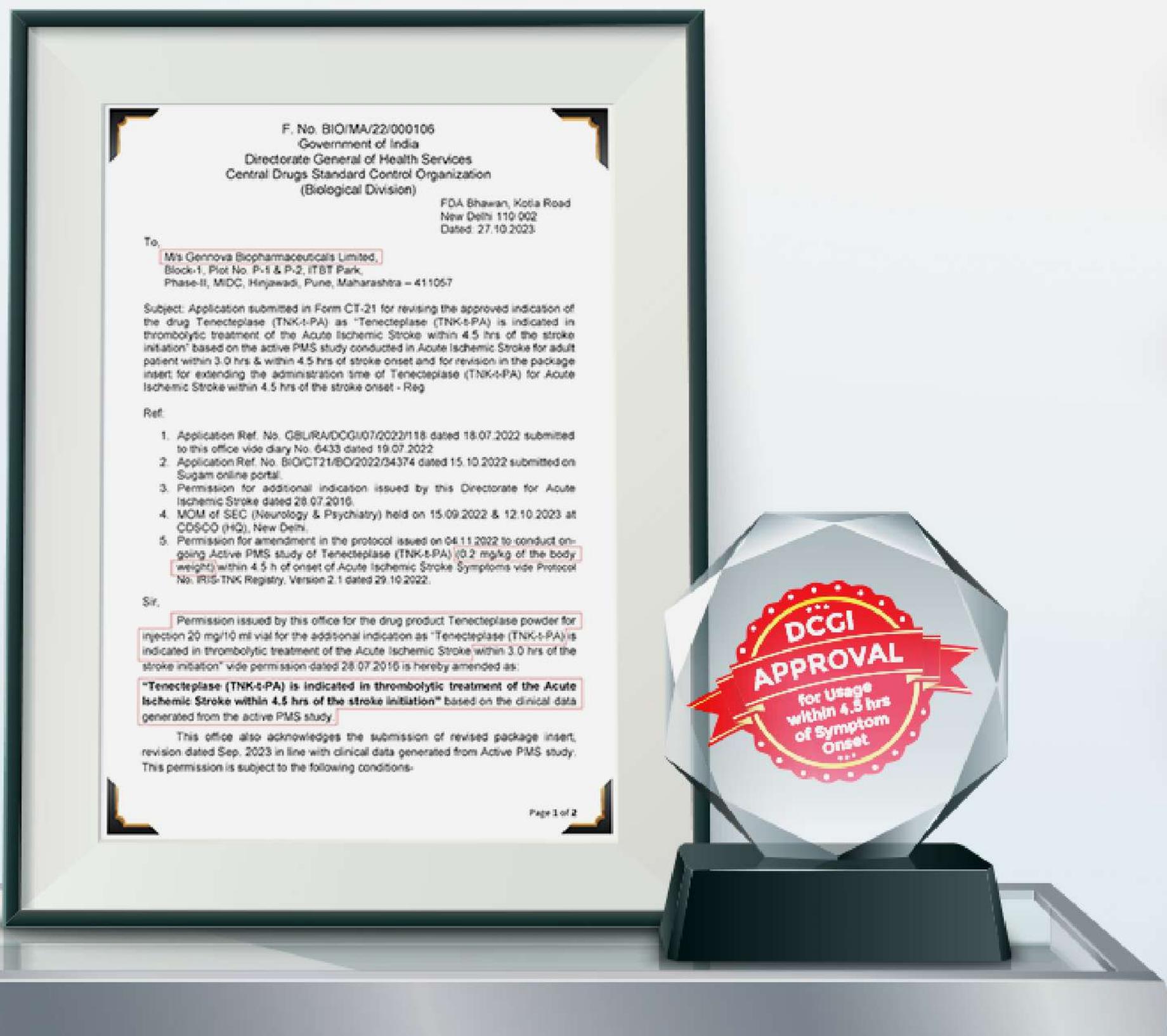
Rx

Tenectase®

Tenecteplase Injection 20 mg

Every second counts

The DCGI-Approved Thrombolytic in AIS for Indian Patients

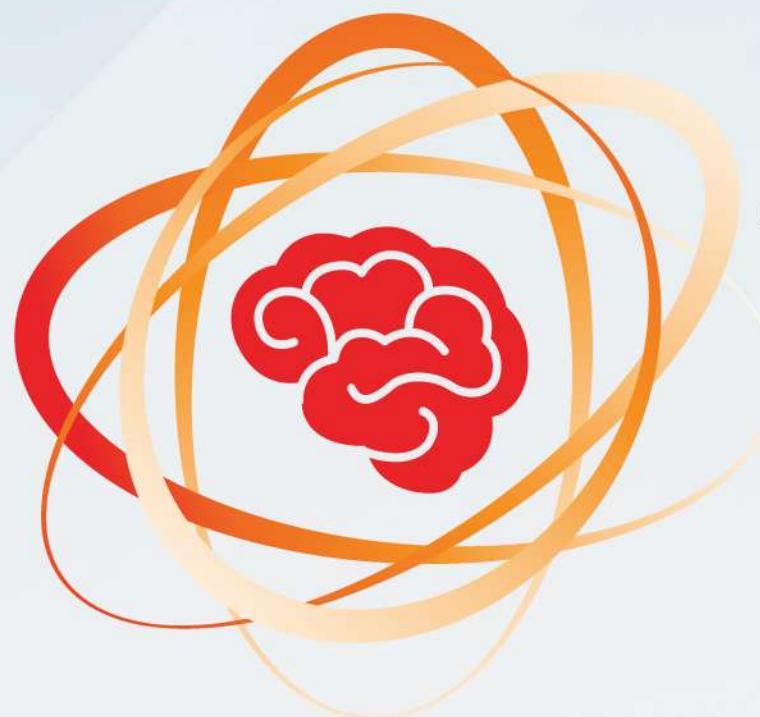


M/s Gennova Biopharmaceuticals Limited

0.2 mg/kg of the body weight

**Permission issued by this office for the drug product
Tenecteplase powder for injection 20 mg/10 ml vial
for the additional indication as "Tenecteplase (TNK-t-PA)**

**"Tenecteplase (TNK-t-PA) is indicated in thrombolytic
treatment of the Acute Ischemic Stroke within 4.5 hrs
of the stroke initiation" based on the clinical data
generated from the active PMS study.**



In Acute Ischemic Stroke

Rx **Tenectase®**
Tenecteplase Injection 20 mg

Every second counts

Early & Long-Term Efficacy of Tenecteplase in Indian Patients with AIS

**Early Neurological Improvement
(NIHSS ≥ 4 Points or 0)**

34.4%Patients in
24 hours**56.3%**Patients in
7 days

**Long Term
Improvement (3-months)**

55.4%Patients with mRS*
(score 0 or 1)**75.5%**Patients showed
functional independence**"Every Second Counts" ..****Tenecteplase Delivers Thrombolytic Action Within 4.5 Hours of Stroke Onset.**



In Acute Ischemic Stroke

Rx

Tenectase[®]

Tenecteplase Injection 20 mg

Every second counts

Low Complication Risk with Tenecteplase in Indian Patients with AIS

Indian Study*: Tenecteplase vs. Alteplase

Rapid Reduction in Complications



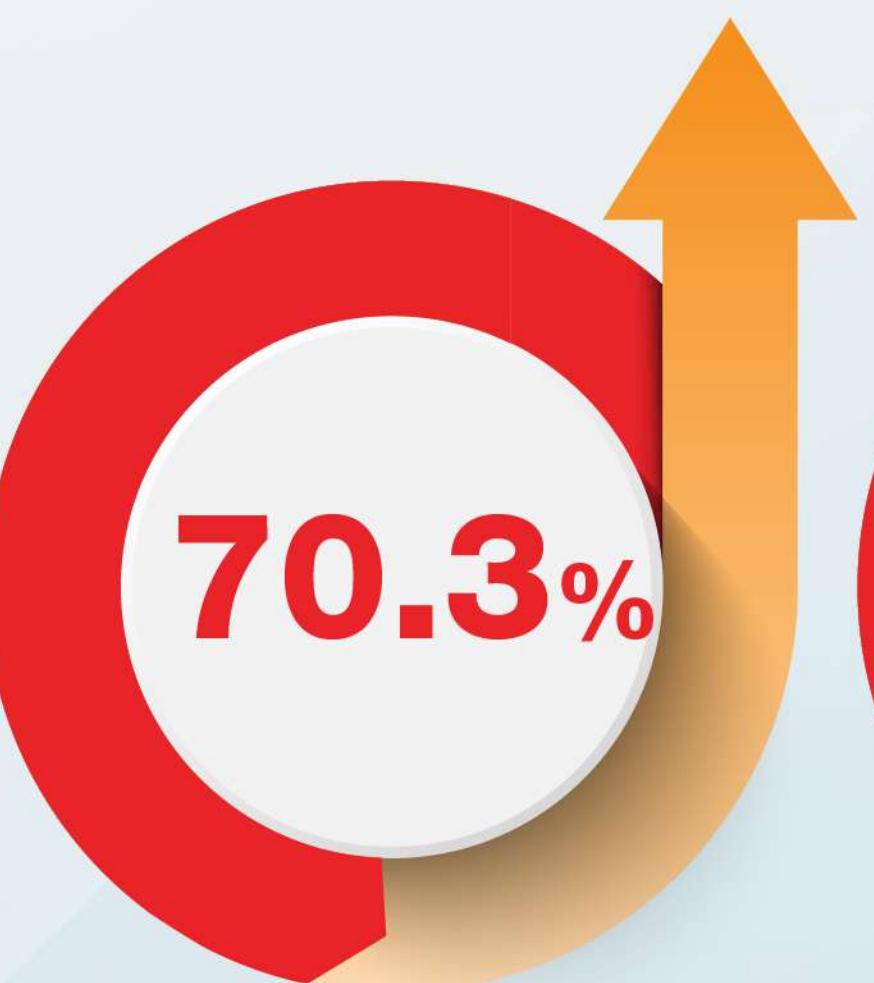
sICH within 36 hours.

Lower 3-month mortality ($p = 0.01$).

Rapid Efficacy

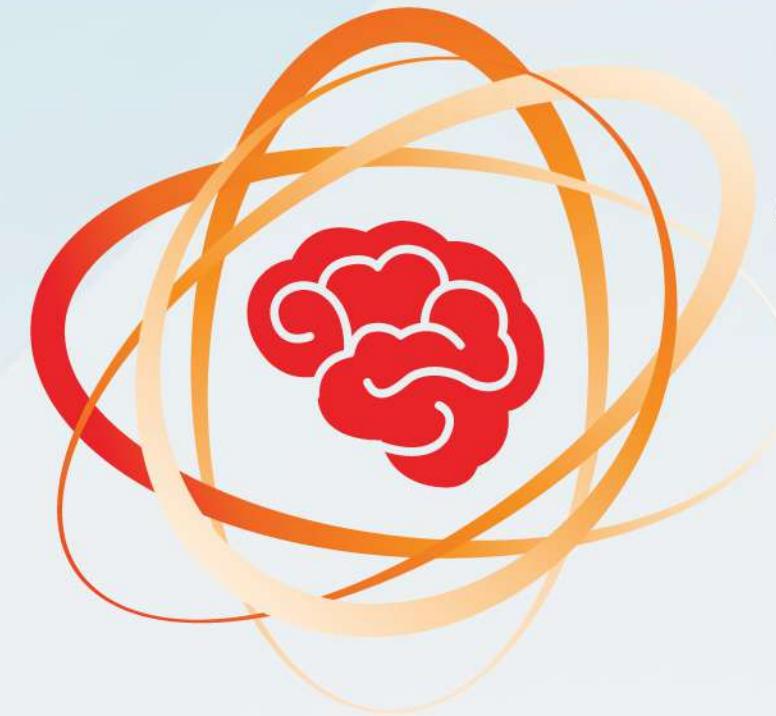


Patients with NIHSS 0 at 24 hours.



Patients with mRS 0-1 at 3 months.

Good functional recovery (36.3, $p < 0.001$) at 3 months.



In Acute Ischemic Stroke

^{Rx}

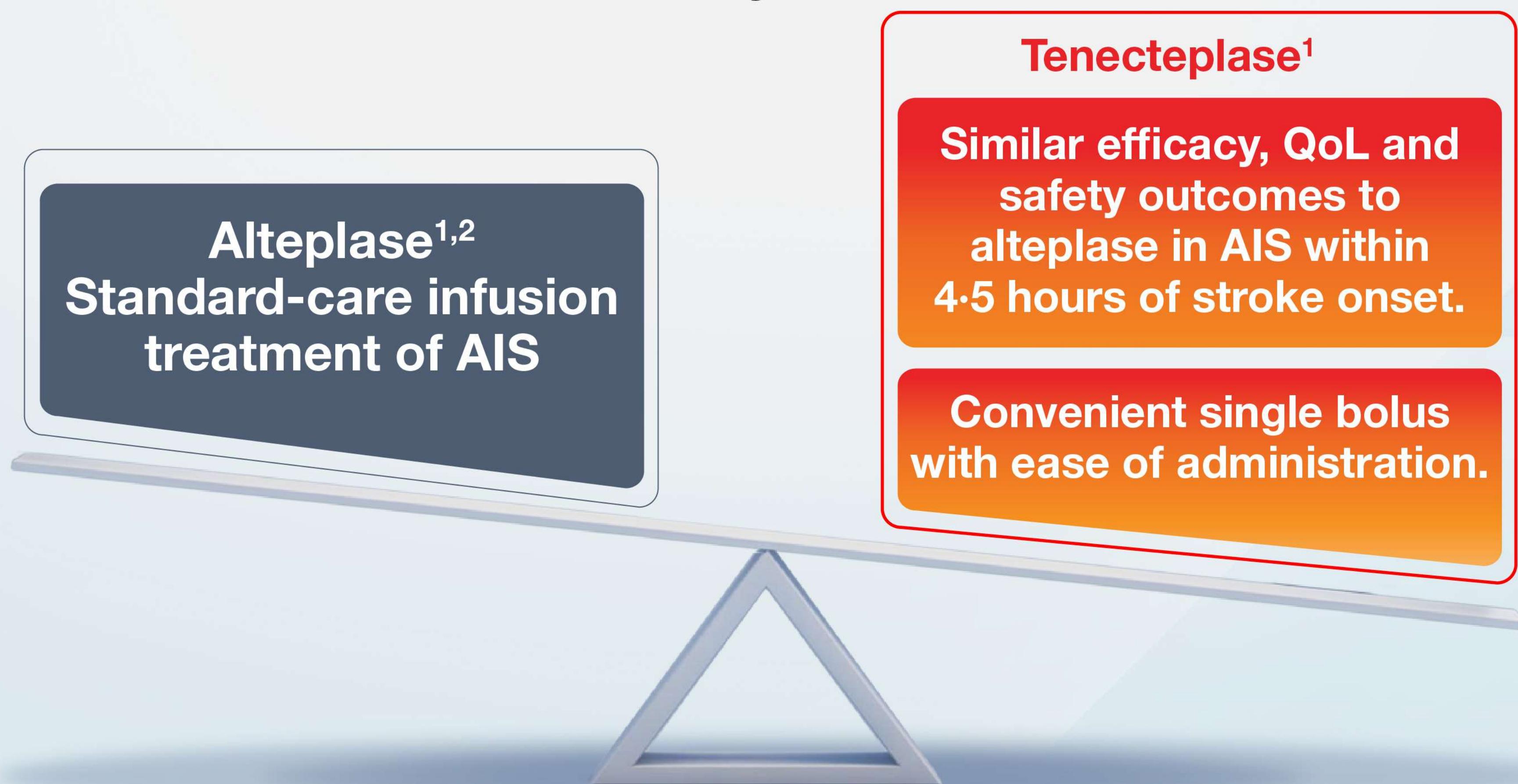
Tenectase[®]

Tenecteplase Injection 20 mg

Every second counts

**Convenient Single Bolus of Tenecteplase vs.
Alteplase Infusion for AIS**

AcT# Study Outcomes



AHA/ASA Guidelines

Tenecteplase is a reasonable choice over IV alteplase in patients without contraindications for IV fibrinolysis who are also eligible to undergo mechanical thrombectomy.²



In Acute Ischemic Stroke

Rx

Tenectase[®]

Tenecteplase Injection 20 mg

Every second counts

Better Reperfusion and Functional Outcomes of Tenecteplase for AIS

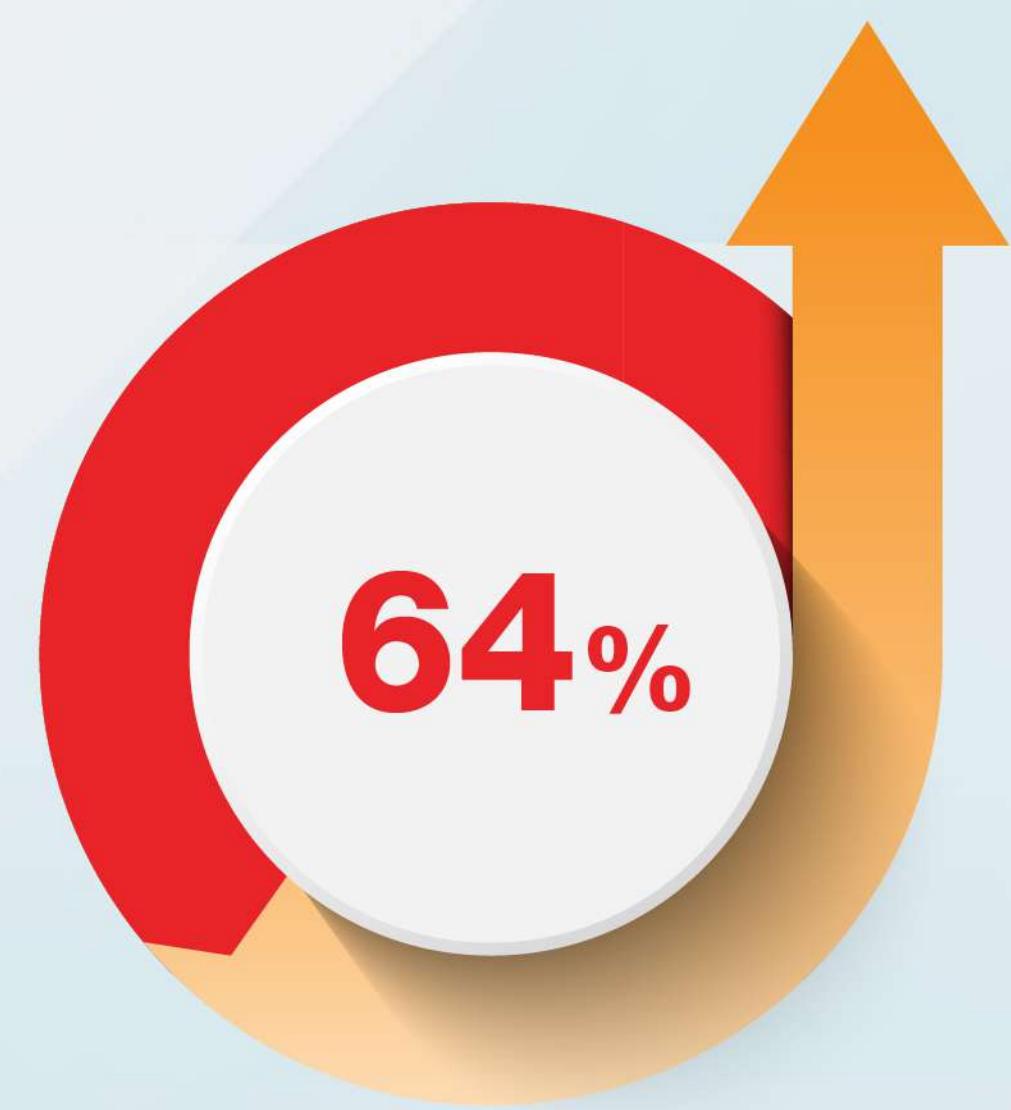
Extend IA TNK: Tenecteplase vs. Alteplase before Thrombectomy for AIS

Better reperfusion

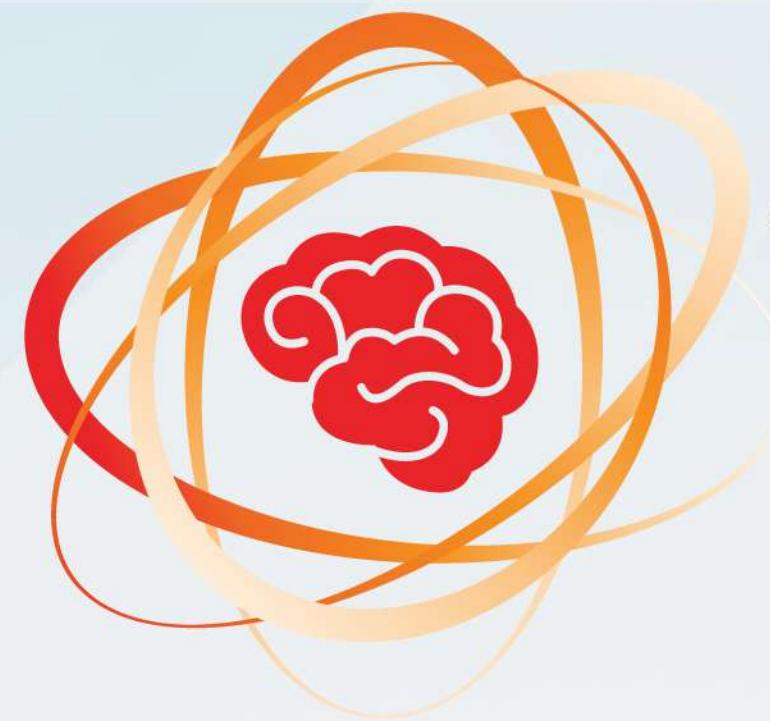
In patients with ischemic stroke treated within 4.5 hours after symptom onset.

Better functional outcomes

In patients (median mRS* score, 2 vs. 3 with alteplase; P = 0.04).

Recovery

Patients recovered to independent function vs. 51% with alteplase (P = 0.06).



In Acute Ischemic Stroke

^{Rx}

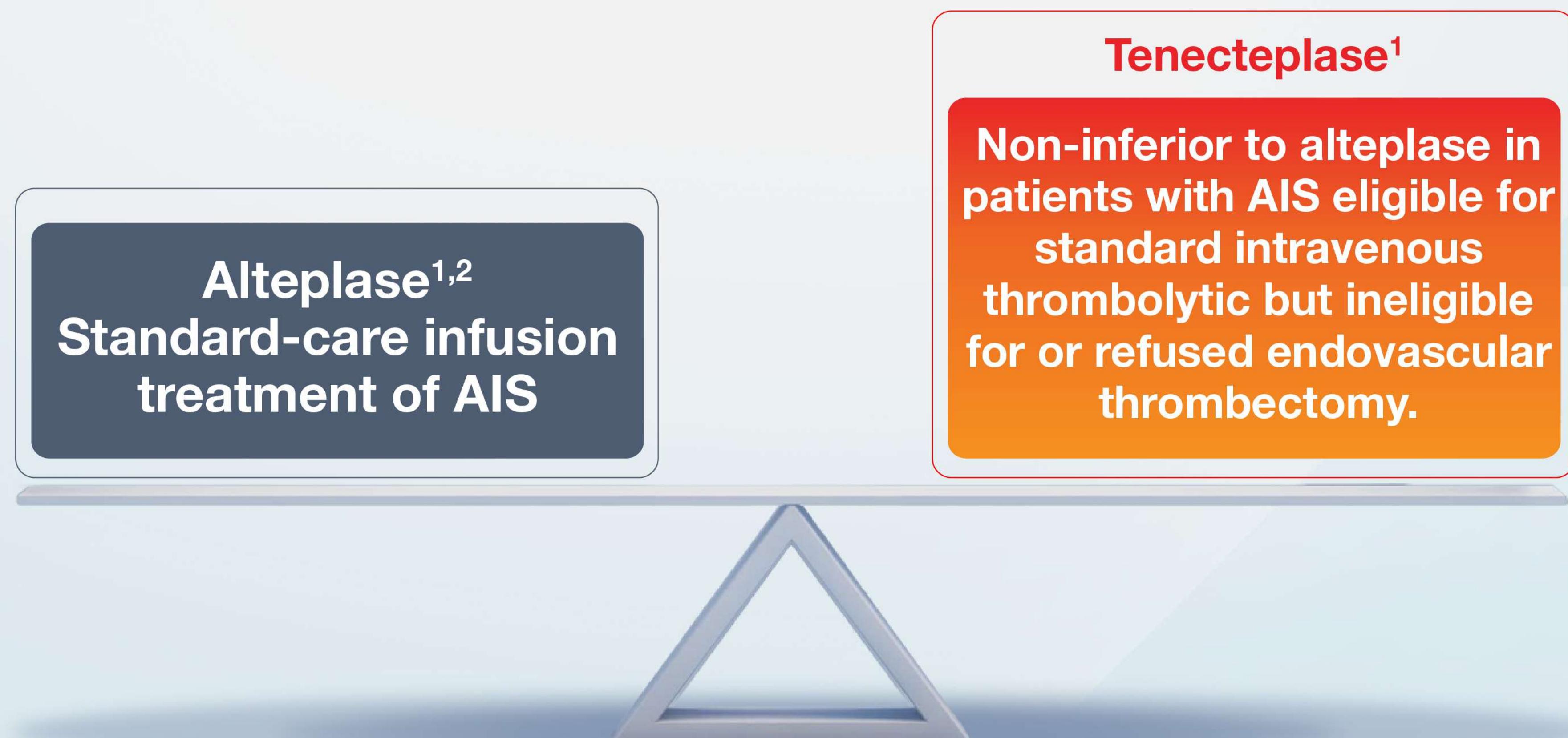
Tenectase[®]

Tenecteplase Injection 20 mg

Every second counts

**Convenient Single Bolus of Tenecteplase vs.
Alteplase Infusion for AIS**

AcT# Study Outcomes



ESO

Tenecteplase 0.25 mg/kg over alteplase 0.9 mg/kg recommended for patients with AIS of < 4.5 hrs duration and with large vessel occlusion who are candidates for mechanical thrombectomy and for whom intravenous thrombolysis is considered before thrombectomy.



In Acute Ischemic Stroke

Rx

Tenectase®

Tenecteplase Injection 20 mg

Every second counts

Advantages of Tenecteplase over Alteplase in AIS



3rd Generation Thrombolytic

Specifically bioengineered for enhanced efficacy.



Long plasma half life

More prolonged efficacy ($t_{1/2} = 20$ mins vs. 4-6 mins).

01



02



15-fold higher fibrin specificity

Low risk of intracranial hemorrhage vs. alteplase.

04

03



Single bolus administration

- 🕒 Critical in stroke emergency
- 🕒 Convenient and easy
- 🕒 Reduces dose errors
- 🕒 No infusion monitoring



In Acute Ischemic Stroke

Rx

Tenectase®

Tenecteplase Injection 20 mg

Every second counts

DOSAGE INFORMATION

WITHDRAW 10ml of sterile water for injection using the 10ml syringe and needle included in the kit.



INJECT entire contents (10 ml) in to the Tenectase 20 mg vial. Directing the sterile water for injection at the Powder. Slight foaming may occur.

GENTLY SWIRL the vial to dissolve the contents completely. Do not shake the vial. Reconstitution should be complete in approximately less than 2 minutes. Solution should be colourless or pale yellow & transparent. Use upon reconstitution.



INSPECT the solution visually for particulate matter or discoloration. Withdraw the appropriate volume of solution based on weight of patient. (See dosing information). Discard remaining solution.

Dosage:
0.2 mg/kg body weight administered as **Single IV bolus** over 5 to 10 seconds





In Acute Ischemic Stroke

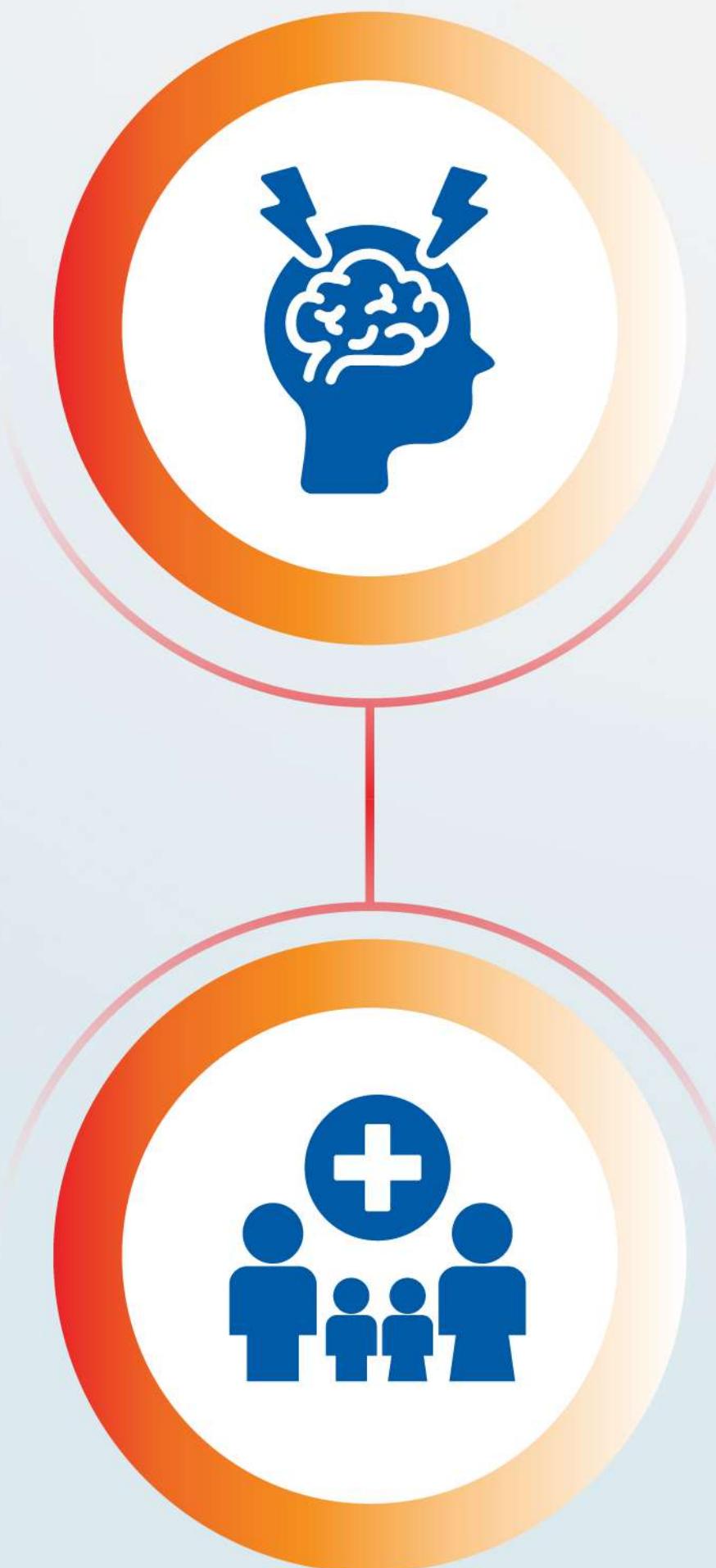
Rx

Tenectase[®]

Tenecteplase Injection 20 mg

Every second counts

Global & Indian Guidelines Strongly Recommends Tenecteplase for AIS



Canadian Stroke Practices

Tenecteplase may be considered as an alternative to alteplase within 4.5 hours of acute stroke symptom onset.¹

Indian Ministry of Health & Family Welfare (2024)

Patients with AIS should be considered for bridging intravenous thrombolysis with Tenecteplase (0.2-0.25 mg/kg bolus) followed by mechanical thrombectomy done if they have large vessel occlusion (internal carotid artery or MCA M1).²