

Product Portfolio — HCP Reference Guide

This reference guide provides a summary of KindPharma's key promoted products across five therapeutic areas. All clinical data referenced herein is derived from Phase III registration trials. For full prescribing information including Boxed Warnings, refer to the approved PI for each product.

PRIMARY CARE

LUMAVEX®

(lumavexipril 10 mg / 20 mg tablets)

A new standard in hypertension control

1. LUMAVEX® (lumavexipril) — Primary Care

Indication

LUMAVEX is indicated for the treatment of adults with essential hypertension and for the reduction of cardiovascular risk in patients with established cardiovascular disease or two or more cardiovascular risk factors. LUMAVEX may be used as monotherapy or in combination with other antihypertensive agents.

Key Clinical Data — CARDINAL-1 Trial (n=4,820)

–18.4 mmHg Mean reduction in systolic BP vs –9.2 mmHg for placebo (p<0.001)	31% Reduction in MACE vs placebo at 36 months (HR 0.69, 95% CI 0.61–0.79)	78% of patients achieved target BP (<130/80) at week 12
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- Consistent efficacy across subgroups including patients with diabetes, CKD stage 2–3, and age ≥65
- Durable blood pressure control maintained through 52 weeks without dose escalation in 64% of patients
- Once-daily dosing with no food interaction — flexible administration

Dosing

Starting dose	10 mg once daily
Titration	May increase to 20 mg once daily after 4 weeks if BP not at target
Renal impairment	No dose adjustment required for eGFR ≥30 mL/min. Use with caution below eGFR 30
Hepatic impairment	No dose adjustment required for mild-to-moderate impairment

Important Safety Information

CONTRAINDICATIONS: History of angioedema with ACE inhibitor or ARB therapy. Concomitant use with aliskiren in diabetic patients.
WARNINGS: Hyperkalaemia (monitor electrolytes at baseline and 4 weeks). Fetotoxicity (discontinue immediately if pregnancy confirmed).
Most common adverse events (≥5%): dry cough (8.2%), dizziness (6.1%), fatigue (5.4%).

DERMATOLOGY

DERMAVANCE®

(rilpazumab 150 mg/mL solution for injection)

Sustained skin clearance in moderate-to-severe plaque psoriasis

2. DERMAVANCE® (rilpazumab) — Dermatology

Indication

DERMAVANCE is indicated for the treatment of adult patients with moderate-to-severe plaque psoriasis who are candidates for systemic therapy or phototherapy. DERMAVANCE is a humanised monoclonal antibody targeting IL-17A/F, administered by subcutaneous injection.

Key Clinical Data — CLEARSKY-2 Trial (n=1,243)

PASI 90: 71% at week 16 vs 4% placebo (p<0.001)	IGA 0/1: 68% at week 16 vs 3% placebo (p<0.001)	PASI 100: 44% Complete clearance at week 16
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- Sustained response at week 52: 74% of initial PASI 90 responders maintained response without dose adjustment
- Significant improvement in DLQI (dermatology life quality index) from week 4 — mean reduction of 11.3 points vs 2.1 for placebo
- Rapid onset: meaningful skin improvement (PASI 50) observed in 48% of patients at week 4

Dosing

Induction	300 mg SC at weeks 0, 2, and 4
Maintenance	300 mg SC every 8 weeks
Administration	Subcutaneous injection — abdomen, thigh, or upper arm. Patient self-injection after training.

Important Safety Information

CONTRAINDICATIONS: Active serious infection including active tuberculosis. **WARNINGS:** Infections — DERMAVANCE may increase risk of serious infections. Screen for TB prior to initiation. Do not initiate in patients with active infection. Inflammatory bowel disease — cases of new onset and exacerbations reported; monitor closely. Most common adverse events (≥3%): nasopharyngitis (9.1%), injection site reaction (5.8%), upper respiratory tract infection (4.2%), headache (3.6%).

ENDOCRINOLOGY

GLYCOSTAB®

(empratinib 5 mg / 10 mg tablets)

Comprehensive glycaemic control with cardiovascular benefit

3. GLYCOSTAB® (empratinib) — Endocrinology

Indication

GLYCOSTAB is indicated as an adjunct to diet and exercise to improve glycaemic control in adults with type 2 diabetes mellitus. GLYCOSTAB is also indicated to reduce the risk of hospitalisation for heart failure in patients with type 2 diabetes and established cardiovascular disease.

Key Clinical Data — SUSTAIN-DM Trial (n=6,112)

-1.4% Mean HbA1c reduction from baseline at 24 weeks vs -0.3% placebo (p<0.001)	42% Reduction in hospitalisation for heart failure vs placebo (HR 0.58, p<0.001)	-3.1 kg Mean body weight reduction at 52 weeks
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- 64% of patients achieved HbA1c <7.0% at week 24 vs 28% placebo
- Significant eGFR preservation: mean eGFR decline of -0.8 mL/min/1.73m² vs -2.9 for placebo at 52 weeks
- Low hypoglycaemia risk as monotherapy: 1.2% incidence vs 1.0% placebo
- Blood pressure reduction: -3.4/-1.8 mmHg systolic/diastolic at week 12

Dosing

Starting dose	5 mg once daily in the morning, with or without food
Dose increase	May increase to 10 mg once daily to achieve additional glycaemic control

Renal impairment	Not recommended if eGFR <30 mL/min. Cardiovascular benefit dosing: may continue with eGFR ≥20
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Important Safety Information

CONTRAINDICATIONS: Dialysis. Hypersensitivity to empratinib or excipients. WARNINGS: Diabetic ketoacidosis (DKA) — cases reported including euglycaemic DKA. Do not initiate if volume depleted. Fournier's gangrene (necrotising fasciitis of the perineum) — rare but serious; discontinue and treat promptly. Urinary tract infections (7.3% vs 4.1% placebo). Most common adverse events (≥5%): genital mycotic infections (8.9%), urinary tract infections (7.3%), increased urination (6.1%).

ONCOLOGY

NEXOLARA®

(vorafenixib 200 mg capsules)

Precision targeting in KRAS G12C-mutated NSCLC

4. NEXOLARA® (vorafenixib) — Oncology

Indication

NEXOLARA is indicated for the treatment of adult patients with locally advanced or metastatic non-small cell lung cancer (NSCLC) harbouring a KRAS G12C mutation, as detected by an FDA-approved test, whose disease has progressed on at least one prior systemic therapy.

Key Clinical Data — PINNACLE-1 Trial (n=624)

ORR: 43% Overall response rate (complete + partial response)	10.2 mo Median duration of response	mPFS: 6.8 mo Median progression-free survival (95% CI 5.6–8.1)
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- Disease control rate (DCR) of 79% — including patients with stable disease maintained ≥6 weeks
- Intracranial activity: 38% ORR in patients with brain metastases at baseline (n=47)
- Rapid response: median time to first response 1.4 months from treatment initiation
- Patient-reported outcomes: significant improvement in NSCLC-specific symptom burden from week 6 (p=0.003)

Patient Selection

NEXOLARA is indicated specifically for patients with confirmed KRAS G12C mutation. Testing must be performed using a validated companion diagnostic before initiating treatment. Mutation must be confirmed in tumour tissue or plasma circulating tumour DNA (ctDNA).

Dosing

Recommended dose	600 mg (3 × 200 mg capsules) orally once daily with or without food
Dose reduction	First reduction: 400 mg once daily. Second reduction: 200 mg once daily. Discontinue if unable to tolerate 200 mg.
Missed dose	If >12 hours late, skip dose and take next scheduled dose. Do not double up.

Important Safety Information

CONTRAINDICATIONS: None. WARNINGS: Interstitial lung disease (ILD)/pneumonitis — occurred in 3.7% of patients; withhold for grade 2, permanently discontinue for grade 3/4. Hepatotoxicity — monitor liver function tests at baseline, every 3 weeks for 3 months, then monthly. QTc prolongation — ECG monitoring recommended at baseline and after dose changes. Most common adverse events (≥20%): diarrhoea (43%), nausea (38%), fatigue (34%), musculoskeletal pain (28%), vomiting (24%), oedema (21%).

CARDIOLOGY

VERACOR®

(seletipamab 75 mg / 150 mg tablets)

Proven mortality benefit in heart failure with reduced ejection fraction

5. VERACOR® (seletipamab) — Cardiology

Indication

VERACOR is indicated to reduce the risk of cardiovascular death and hospitalisation for heart failure in adult patients with chronic heart failure with reduced ejection fraction (HFrEF, LVEF ≤40%), NYHA class II–IV, already receiving optimised standard of care therapy (ACE inhibitor or ARB, beta-blocker, and MRA where tolerated).

Key Clinical Data — HERALD-HF Trial (n=8,442)

25% Reduction in CV death or HHF vs placebo (HR 0.75, 95% CI 0.68–0.83, p<0.0001)	18% Reduction in all-cause mortality (HR 0.82, 95% CI 0.73–0.92, p=0.0007)	–3.1L/min Improvement in cardiac output at rest vs placebo at 12 months
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- Benefit observed early: significant separation of Kaplan-Meier curves for primary endpoint within 30 days of initiation
- Consistent results across EF subgroups (LVEF 20–40%) and NYHA class (II vs III/IV)
- KCCQ total symptom score: mean improvement of +8.4 points vs +3.1 for placebo at week 12 (p<0.001)
- Renal protection: eGFR preserved vs placebo at 12 months (–1.2 vs –3.8 mL/min/1.73m²)

Dosing & Titration

Starting dose	75 mg twice daily for 2 weeks
Target dose	150 mg twice daily (if tolerated after 2-week initiation period)
BP monitoring	Do not initiate if systolic BP <100 mmHg. Monitor BP at 2 weeks and after each dose increase.
Renal impairment	No dose adjustment for eGFR ≥20. Use with caution below eGFR 20.

Important Safety Information

CONTRAINDICATIONS: Cardiogenic shock. Systolic BP <90 mmHg at initiation. Third-degree AV block without pacemaker. WARNINGS: Hypotension — particularly during initiation and titration; more common in volume-depleted patients. Bradycardia — monitor heart rate. Worsening renal function in first 4 weeks is common and usually transient; do not discontinue unless eGFR falls >30% from baseline and is sustained. Most common adverse events (≥5%): hypotension (12.3%), dizziness (8.7%), worsening renal function (7.1%), hyperkalaemia (6.4%).