ATHOS^3

ANGIOTENSIN II FOR THE TREATMENT OF HIGH-OUTPUT SHOCK

DISTRIBUTIVE SHOCK CLINICAL TRIAL: NOW ENROLLING

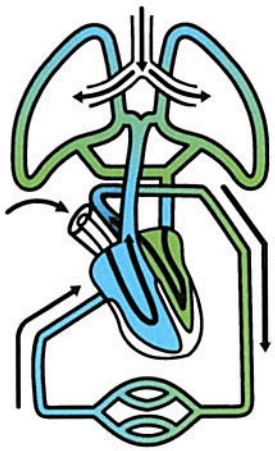
LA JOLLA PHARMACEUTICAL COMPANY IS CONDUCTING A PHASE 3, DOUBLE-BLIND, RANDOMIZED STUDY OF LJPC-501 (ANGIOTENSIN II) IN ADULT PATIENTS DIAGNOSED WITH CATECHOLAMINE-RESISTANT HYPOTENSION (CRH).

Angiotensin II is a peptide hormone naturally produced by the body that regulates blood pressure via vasoconstriction and sodium reabsorption.

Catecholamine-resistant hypotension (CRH) is an often-fatal condition resulting from an underlying cause such as septic shock, inflammation due to trauma, or severe drug reactions.

When these conditions occur, most patients will respond to either volume expansion or vasopressor treatment.

However, 6-7% of patients will require excessive doses of vasopressors and will be deemed to be resistant.



TOLL FREE STUDY HOTLINE: (800) 815-4398

FOR ADDITIONAL INFORMATION: ClinicalTrials.gov/NCT02338843

IMPORTANT INFORMATION:

- LJPC-501 is La Jolla Pharmaceutical Company's proprietary, stable formulation of angiotensin II
- Patients will be randomized in a 1:1 fashion, to receive either placebo + SOC vasopressors **OR** LJPC-501 + SOC vasopressors
- The primary endpoint of the study is to demonstrate a blood pressure effect (MAP >/= 75 mmHg **OR** an increase of 10 mmHg) at the 3-hour time point
- Study drug will be delivered as a continuous infusion via a central line
- Study drug or placebo will continue at the tolerated, titrated level until hour 48, at which time it will be titrated off
- Duration: 7-10 days + 28-day safety follow-up

KEY INCLUSION CRITERIA:

- 18 years of age or older
- Require a total sum catecholamine dose of > 0.2 mcg/kg/min for a minimum of 6 hours and a maximum of 48 hours, to maintain a MAP between 55-70 mmHg
- Have clinical features of high-output shock by meeting **one** of the following criteria: ScvO2 > 70% **and** CVP > 8 mmHg **OR** CI > 2.3 L/min/BSA
- Have central venous access, an arterial line and indwelling urinary catheter present
- Received at least 25 mL/kg of crystalloid or colloid equivalent over the previous 24-hour period, and be adequately volume resuscitated

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