DISCOVER VAZALORE®—THE FIRST AND ONLY LIQUID-FILLED ASPIRIN CAPSULES®

ASPIRIN THERAPY™ VAZALORE

The information contained in this document is intended for healthcare professionals only.

OPPORTUNITY FOR INNOVATION in aspirin delivery

According to aspirin professional class labeling, **enteric coated aspirin** products are **erratically absorbed from the GI tract**[1]

Plain aspirin is associated with **local GI injury,** which can be **asymptomatic**[2]

In patients using aspirin for **secondary prevention, discontinuation** led to a 46% higher rate of **cardiovascular events**[3]

With VAZALORE® your patients will receive all the benefits of immediate-release aspirin PLUS added PROTECTION

- Bioequivalent to immediate-release/plain aspirin
- Specially designed to help protect the stomach

Fast, reliable absorption

Fast, predictable antiplatelet activity

Helps protect the gastroduodenal mucosa from local GI injury

VAZALORE is available over-the-counter in 81 mg and 325 mg doses

for secondary prevention of vascular events

for secondary prevention of vascular events; pain reliever; fever reducer

HEART PROTECTION WITH THEIR **STOMACH** IN MIND™

ASPIRIN THERAPY
VAZALORE™

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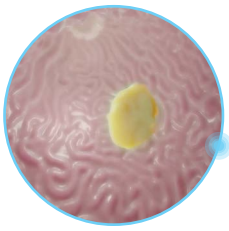
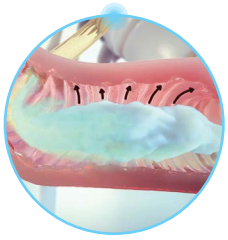
VAZALORE is specially designed to help reduce local gastric injury while maintaining full aspirin bioavailability.

Preassociating the aspirin in VAZALORE with a unique phospholipid prevents the aspirin from interacting with similar naturally occurring phospholipids in the gastric mucosal barrier, helping to prevent local gastric injury.



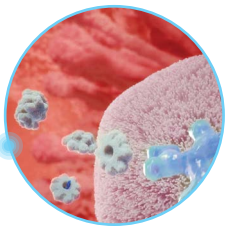
LIMITS DIRECT CONTACT

The unique complex remains stable in low pH, limiting direct contact of aspirin within the GI tract



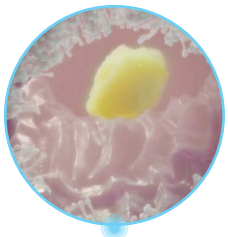
TARGETED RELEASE

The complex employs a pH-dependent release mechanism that selectively releases aspirin in higher-pH environments within the GI tract



FAST, RELIABLE ABSORPTION

Unlike enteric coated aspirin that is erratically absorbed, the immediate-release aspirin (in VAZALORE) is completely absorbed,[1] delivering predictable antiplatelet effects[4]



REASSEMBLES DURING REFLUX

Even if reflux occurs and aspirin and lipidic excipients return to the stomach, they reassemble into the complex, limiting direct stomach contact

VAZALORE 325 mg has rigorous clinical studies[5,6]

See **325 mg Clinical Data Summary** on VazaloreHCP.com

RECOMMEND THE FIRST AND ONLY LIQUID-FILLED **ASPIRIN** CAPSULES®

References: 1. CFR – Code of Federal Regulations Title 21. Internal Analgesic, Antipyretic, and Antirheumatic Drug Products for Over-the-Counter Human Use. Food and Drug Administration; US Dept of Health and Human Services; 2015. **2.** Cryer B, Mahaffey KW. Gastrointestinal ulcers, role of aspirin, and clinical outcomes: pathobiology, diagnosis, and treatment. *J Multidiscip Healthc*. 2014;7:137-146. **3.** Sundström J, Hedberg J, Thuresson M, Aarskog P, Johannesen KM, Oldgren J. Low-dose aspirin discontinuation and risk of cardiovascular events: a Swedish nationwide, population-based cohort study. *Circulation*. 2017;136(13):1183-1192. **4.** Angiolillo DJ, Bhatt DL, Lanza F, et al. Pharmacokinetic pharmacodynamic assessment of a novel, pharmaceutical lipid–aspirin complex: results of a randomized, crossover, bioequivalence study. *J Thromb Thrombolysis*. 2019;48(4):554-562. **5.** Bhatt DL, Grosser T, Dong J-F, et al. Enteric coating and aspirin nonresponsiveness in patients with type 2 diabetes mellitus. *J Am Coll Cardiol*. 2017;69(6):603-612. **6.** Cryer B, Bhatt DL, Lanza FL, Dong JF, Lichtenberger LM, Marathi UK. Low-dose aspirin-induced ulceration is attenuated by aspirin– phosphatidylcholine: a randomized clinical trial. *Am J Gastroenterol*. 2011;106(2):272-277.

To learn more about how VAZALORE can help your patients, visit VazaloreHCP.com