

## **About Aton Pharma, Inc.**

- Previously a wholly-owned subsidiary of Merck & Co. Inc.
- Purchased from Merck in October of 2006 by Princeton Pharma Holdings, LLC,
  - Aton is now a wholly-owned subsidiary of Princeton Pharma Holdings
  - Financing provided by Cerberus Capital Management, LLC, one of the world's largest private equity firms
- Aton owns worldwide rights to eight medically significant products
- Product sales and donations in over 30 countries
- A leader in the treatment of rare conditions
- Company headquartered in Princeton, New Jersey, U.S.A.
- Management with global pharmaceutical experience



## **Our Products**

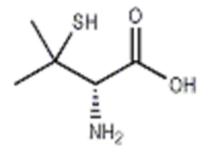
Cardiovascular										
AquaMephyton®	Coagulation disorders									
Mephyton <sup>®</sup>	Coagulation disorders									
Edecrin <sup>®</sup>	Edema, sulfa allergy									
Sodium Edecrin®	Edema sulfa allergy									
Metabolic Disease										
Cuprimine <sup>®</sup>	Wilson's Disease									
Syprine®	Wilson's Disease									
Demser®	Pheochromocytoma									
Ophthalmology										
Lacrisert®	Dry Eye Syndrome									



## **Aton Chelators**

### Remove excess of copper from the body in Wilson Disease

- Cuprimine® brand penicillamine, FDA approved 1963
  - Orally active, approved for Wilson Disease, rheumatoid arthritis, cystinuria, and in some countries, lead poisoning
  - Available as 250 mg capsules





- Syprine<sup>®</sup> brand trientine, FDA approved 1985
  - Orally active, approved for Wilson Disease
  - Available as 250 mg capsules

$$H_2N$$
  $N$   $N$   $N$ 





## **Current Situation**

- CUPRIMINE® is listed on the Radiation Event Medical Management website (<u>www.remm.nlm.gov</u>) as a countermeasure for the following isotopes
  - Copper, Iron, Mercury, Lead, Gold and possibly other heavy metals
- Because of this listing Aton is required to provide an inventory and scale-up report for CUPRIMINE® to the FDA's Drug Shortage Division every six months
- CUPRIMINE® is stockpiled in limited quantities by Los Angeles County Emergency Medical Services Agency¹
- The clinical utility of CUPRMINE® for Wilson's Disease and rheumatoid arthritis is decreasing
  - Due to emergence of Zinc Acetate for long term use and preferential use of SYPRINE® – Aton's other chelator
  - Long term commercial viability of CUPRMINE® is uncertain
- SYPRINE® can potentially be used as a countermeasure for additional isotopes beyond those covered by CUPRIMINE®
- CDC is currently stockpiling two other chelating agents
  - DTPA (for Pu, Am, Cm) and Prussian Blue (for Cs)

<sup>&</sup>lt;sup>1</sup>Marcus, CS. <u>Administration of decorporation drugs to treat internal radionuclide contamination: medical emergency response to radiologic incidents</u>. RSO Magazine, 2004;9(5):9-15.



# Recent News Reinforces the Needs Improve Prevention and Prepare Response

The New Hork Times

July 12, 2007

### A Nuclear Ruse Uncovers Holes in U.S. Security

**By ERIC LIPTON** 

WASHINGTON, July 11 — Undercover Congressional investigators set up a bogus company and obtained a license from the <u>Nuclear Regulatory Commission</u> in March that would have allowed them to buy the radioactive materials needed for a so-called dirty bomb.... The machines include americium-241 and cesium-137, radioactive substances commonly used in industrial equipment.



#### Americans believed poisoned in Moscow

POSTED: 9:51 a.m. EST. March 7, 2007

MOSCOW, Russia (CNN) -- Two American women have been released from a Moscow clinic after they were hospitalized with possible thallium poisoning, a hospital official said.... The U.S. Embassy confirmed earlier on Wednesday that the women had possibly been poisoned from thallium, a radioactive element.... Thallium is a colorless, tasteless substance that can be fatal in doses of as little as one gram and has the reputation as a poison of choice for assassins. It was used by Saddam Hussein to kill several of his Iraqi opponents, AP said.



### Ex-KGB agent accused in Litvinenko death

By TARIQ PANJA, Associated Press Writer 1 hour, 15 minutes ago
Prosecutors accused a former KGB agent Tuesday of murder in the radioactive poisoning of fellow exoperative Alexander Litvinenko and sought his extradition from Russia. The case is sure to challenge alreadytense relations between London and Moscow. Andrei Lugovoi had met with Litvinenko at a London hotel hours before the former agent turned Kremlin critic fell ill with polonium-210 poisoning.



# Recent News Reinforces the Needs (cont.) Improve Prevention and Prepare Response

The New Hork Times

August 1, 2007 Op-Ed Contributors

#### Seize the Cesium

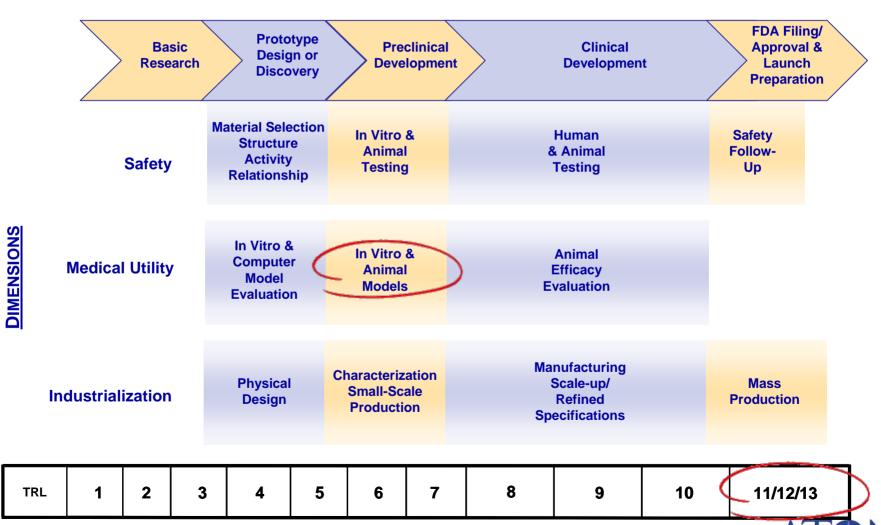
By PETER D. ZIMMERMAN, JAMES M. ACTON and M. BROOKE ROGERS London

THE death of Alexander Litvinenko, the former K.G.B. officer who drank polonium-210 in a cup of tea, underscored the damage that radiological terrorists could do. The most familiar possible situations involve the detonation of a dirty bomb, a modest amount of high explosive mated to a container of radioactive material. **But radioactive material inside the human body is far more dangerous than a dirty bomb.** 

Most analysts believe that about 10 people would die from radiation poisoning after a dirty bomb attack. Others believe that the only people likely to receive a lethal dose of radiation from a dirty bomb would already be dead from the blast. A perfectly feasible terrorist attack using the ingestion, inhalation or immersion of radioactive material, on the other hand, would be almost certain to kill hundreds. We call attacks of these kinds I-cubed attacks (for ingestion, inhalation and immersion). Such attacks can be sneaky, unaccompanied by a flash and bang.



### **Technology Readiness Levels**



Source:

Matthew Lawlor, Office of Public Health Emergency Medical Countermeasures, HHS.

## **Binding of Metal Ions to Aton Chelators**

Stability Constants (-logK<sub>d</sub>)

Metal Ion	Trientine (Syprine®)	Penicillamine (Cuprimine®)
Copper	20.05 (Cu <sup>+2</sup> )	18.18 (Cu <sup>+1</sup> )
Palladium (Pd <sup>+2</sup> )	39.4	
Mercury (Hg <sup>+2</sup> )	24.5	16.3
Bismuth (Bi <sup>+3</sup> )	21.9	
Nickel (Ni <sup>+2</sup> )	13.8	10.70
Zinc (Zn <sup>+2</sup> )	12	9.71
Cadmium (Cd <sup>+2</sup> )	10.6	11.55
Cobalt (Co <sup>+2</sup> )	10.9	8.98
Lead (Pb <sup>+2</sup> )	10.4	12.3
Chromium (Cr <sup>+2</sup> )	7.9	
Iron (Fe <sup>+2</sup> )	7.76	
Silver (Ag <sup>+1</sup> )	7.5	12.4
Manganese (Mn <sup>+2</sup> )	4.90	
Indium (In+3)**		15.33
Thallium (TI <sup>+1</sup> )*		3.58

Sources: Critically Selected Stability Constants of Metal Complexes. NIST Std. Ref. Database 46, December 1997. Critical Stability Constants. A.E. Martell & R.M. Smith, Vols. 2, 5, 6 (NY: Plenum, 1974, 1982, 1989)

Handbook of Metal Ligand Heats, 3<sup>rd</sup> ed. J.J. Christensen & R.M.Izatt (NY: Marcel Dekker, Inc., 1983)

25°C, 0.1 M ionic strength, unless otherwise noted. \*37°C \*\*20°C



## **Aton Chelators Bind Strongly to Certain Metals**

Trientine (Syprine®)

Penicillamine (Cuprimine®)

Very Strongly:

Very Strongly:

Copper

Copper

Mercury

Mercury

Nickel

Indium

**Bismuth** 

**Palladium** 

Less Strongly:

Less Strongly:

Zinc

Zinc

Cadmium

Cadmium

Lead

Lead

Cobalt

Cobalt, Nickel, Silver

Sources:



## **Evidence of Efficacy for Penicillamine**

### **Decorporation of Cobalt**

- Lé, Nature <u>204</u>, 696-7 (1964): comparison of chelators to promote excretion of <sup>60</sup>Co in rats:
  - Single i.p. injection following i.v. <sup>60</sup>Co, equimolar doses
  - Penicillamine > DTPA > EDTA
  - Penicillamine orally is at least as effective as injected

Residual 60Co dose	Residual <sup>60</sup> Co dose in target organ (% of injected at 48h) <sup>†</sup>											
<u>Treatment</u>	<u>Kidney</u>	<u>Liver</u>	<u>Muscle</u>	<u>Bone</u>								
Control	0.84	4.86	2.14	0.58								
EDTA	0.96	2.60	1.45	0.37								
DTPA	1.20	1.83	0.88	0.11								
Penicillamine <sup>‡</sup> (injected)	0.20	0.86	0.73	0.26								
Penicillamine <sup>‡</sup> (oral)	0.15	0.58	0.59	0.14								

<sup>&</sup>lt;sup>†</sup>Mean of 5-6 rats/group; SD omitted for presentation purposes, but highly significant differences



<sup>&</sup>lt;sup>‡</sup> Referred to as DMCy (D-β,β'-dimethylcysteine)

## **Evidence of Efficacy for Penicillamine (cont.)**

**Decorporation of Cobalt** 

No. 4959 November 14, 1964

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with \*\*\*Co is obvious. However, the highest significance must be attributed to p-dimethylcysteine (commonly known as penicillamine). Its high efficacy compares favourably with BADS and BATE. Our experimental data show that it can be administered orally without loss of effectiveness. Finally, its low toxicity must be stressed. More detailed studies on the effectiveness of

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# Evidence of Efficacy for Penicillamine (cont.) Decorporation of Cobalt

- Bibow et al., Acta Pharmacol. Toxicol. (Copenhagen)
   59, suppl. 7, 374-7 (1986): +/- penicillamine in 2
   women treated for RA
  - Measurement of metabolic balance of trace elements on controlled diet
  - Penicillamine (500 or 750 mg/d) promoted excretion of Zn and Co in urine
  - Cobalt excretion increased 5x



## "Dirty Bomb" Candidate Isotopes

 Radionuclides predicted to be of interest to terrorist, based on accessibility and maximizing impact include:

Americium-241 Palladium-103

Californium-252 Phosphorus-32

**Cesium-137 Plutonium-238, -239** 

Cobalt-60 Polonium-210

Curium-243, -244 Radium-226

Hydrogen-3 (tritium) Strontium-90 (Sr-90/Y-90)

Iodine-125, -131 Uranium-234, -235

Iridium-192

#### Sources:

Marcus, C.S. et al. (2006) Medical Management of Internally Radiocontaminated Patients, funded by grant EMW 2004-GR-0793 from Department of Homeland Security Metropolitan Medical Response System, available at County of Los Angeles Health Services website, <a href="http://ladhs.org/ems/disaster/mmrsmanual.pdf">http://ladhs.org/ems/disaster/mmrsmanual.pdf</a> and REMM website, <a href="http://remm.nlm.gov/DMAT-Adm\_Decorp\_Drugs\_Int\_Rad\_Contam\_12-01-0311.pdf">http://remm.nlm.gov/DMAT-Adm\_Decorp\_Drugs\_Int\_Rad\_Contam\_12-01-0311.pdf</a>.

#### **CUPRIMINE**



#### PERIODIC CHART OF THE ELEMENTS

**INERT** IIA IIIB IVB **VB** VIB VIIB VIII ΙB IIB ٧A VIA VIIA GASES IA IVA IIIA Н He Н 1.00797 1.00797 4.0026 **Known Very Strongly Binding** 3 10 9 4 8 В Ne Вe Ν 6.939 9.0122 10.811 12.0112 14.0067 15.9994 18.9984 20.183 **Known Less Strongly Binding** 11 12 16 17 18 13 14 15 Si Na Mg 24.312 Р ΑI Ar 26.9815 28.086 32.064 35.453 39.948 22.9898 30.9738 19 20 22 25 30 31 32 33 34 35 36 21 23 26 28 29 24 ν Zn Sc Ni Mn Fe Cu Ga Ge Se Br Kr Са As 39,102 40.08 44.956 47.90 50.942 51.996 54.9380 55.847 58.9332 58.71 63.54 65.37 69.72 72.59 74.9216 78.96 79,909 83.80 37 38 39 40 41 42 43 44 45 46 47 48 49 50 51 52 54 Rb Sr Zr Nb Sn Sb Rh Cd Μо Τс Ru Tе Хe Ag In 107.870 127.60 85.47 87.62 88.905 91.22 92,906 95.94 (99) 101.07 102.905 106.4 112.40 114.82 118.69 121.75 126,904 131.30 72 75 56 **¥57** 73 76 78 79 80 81 82 83 85 86 55 74 Hf W Hg Pb Bi Ва Та Ir Αu Rn La Re Os 204.37 137.34 138.91 178.49 180.948 183.85 186.2 190.2 192.2 195.09 196,967 200.59 207.19 208.980 (210) (222)132,905 87 ±89 104 105 106 107 108 109 110 111 112 88 Fr Rf DЬ Sg Bh Hs Μt Ra Αc [261] 1266 (271)(272)(277)[223] (226) (227)(262) (262) (265) [266]

Numbers in parenthesis are mass numbers of most stable or most common isotope.

Atomic weights corrected to conform to the 1963 values of the Commission on Atomic Weights.

The group designations used here are the former Chemical Abstract Service numbers. \*Lanthanide Series

58	59	60	61	62	63	64	65	66	67	68	69	70	71
Ce	Pr	Nd	Ρm	Sm	Fu	Gd	<b>Tb</b>	D۷	Hο	Fr	Tm	Yb	H u l
140.12	140.907	144.24	(147)	150.35	151.96	157.25	158.924	162.50	164.930	167.26	168.934	173.04	174.97

**‡** Actinide Series

90	91	92	93	94	95	96	97	98	99	100	101	102	103
Th	Pa	U	МĎ	Pu	Am	Cm							Lr
232.030	(231)	230.03	(237)	[242]	[243]	[247]	(247)	[249]	(254)	(253)	[256]	(256)	(257)



#### **SYPRINE**



#### PERIODIC CHART OF THE ELEMENTS

**INERT** IIA IIIB IVB **VB** VIB VIIB VIII ΙB IIB ٧A VIA VIIA GASES IA IVA IIIA Н He 1.00797 1.00797 4.0026 **Known Very Strongly Binding** 3 10 9 4 8 В Ne Вe Ν 6.939 9.0122 10.811 12.0112 14.0067 15.9994 18.9984 20.183 **Known Less Strongly Binding** 11 12 16 17 18 13 14 15 Na Р Mg 24.312 ΑI Ar 26.9815 28.086 32.064 35.453 39.948 22.9898 30.9738 19 20 22 25 30 31 32 33 34 35 36 21 23 24 26 ν Sc Zn Ga Ge Se Br Kr Са Mn As 39,102 40.08 44.956 47.90 50.942 51.996 54.9380 55.847 63.54 65.37 69.72 72.59 74.9216 78.96 79,909 83.80 37 38 39 40 41 42 43 44 47 48 49 50 51 52 54 46 45 Rb Sr Zr Nb Sb Rh Sn Μо Τс Ru Ag Cd Хe In l e 107.870 114.82 131.30 85.47 87.62 88.905 91.22 92,906 95.94 (99) 101.07 102,905 106.4 112.40 118.69 121.75 127.60 126,904 **\*57** 72 75 56 73 76 79 80 81 82 83 86 55 74 78 85 Hf W Hg Pb Bli Ва Та Rn La Re Os Αu 137.34 138.91 178.49 180.948 183.85 186.2 190.2 192.2 195.09 196,967 200.59 204.37 207.19 208,980 132,905 **(**210) (222)87 ±89 104 105 106 107 108 109 110 111 112 88 Fr Rf DЬ Sg Bh Hs Μt Ra Αс [261] (271)(272)(277)[223] (226) (227)(262) 1266 (262) (265) (266)

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Ce	Pr	Nd	Ρm	Sm	Fu	Gd	<b>Tb</b>	D۷	Hο	Fr	Tm	Yb	H u l
140.12	140.907	144.24	(147)	150.35	151.96	157.25	158.924	162.50	164.930	167.26	168.934	173.04	174.97

**‡** Actinide Series

90	91	92	93	94	95	96	97	98	99	100	101	102	103
Th	Pa	U	Nσ	Pu	Δm	Cm	Bk	Cf	Fs	Fm	Md	No	I r
232.038	(231)	238.03	(237)	2.0.4.00	(243)		(247)		(254)	I <i></i>		(256)	(257)



# Commercial Supplies of Penicillamine are Limited Scaled to Demand of Current Market

- All US penicillamine sales in 2006 (Merck, Aton & Medpointe) were 2,802,981 doses (80% Merck/Aton)
- Aton current production:
  - Batch size: ≈ 340,000 capsules
  - Production lead time: 73 days
  - Annual production volume: ≈ 4.5 M capsules (2.4 M for US)
- Label initial dosing is 3-6 doses/day
- Assuming 3-6 doses x 28 days = 84-168 doses per course for acute radioisotope exposure, 3 mo Aton US inventory would treat:

2,400,000 x 3 mo/12 mo = 600,000 doses in inventory 600,000 / 84-168 doses per course  $\approx 3,500-7,000$  courses available on an emergency basis

- Other considerations
  - API supply constraints, ex-US source
  - Transition to contract manufacturing means less excess capacity

# Commercial Supplies of Trientine are Lower Scaled to Lower Demand

- All US trientine sales in 2006 (Merck & Aton) were 584,880 doses
- Aton current production:
  - Batch size: ≈ 74,000 capsules
  - Production lead time: 60 days
  - Annual production volume: ≈ 1.5 M capsules (0.75 M for US)
- Label initial dosing is 4-8 doses/day
- Assuming 4-8 doses x 28 days = 112-224 doses per course for acute radioisotope exposure, 3 mo Aton US inventory would treat:

750,000 x 3 mo/12 mo ≈ 190,000 doses in inventory

190,000 / 112-224 doses per course ≈ 850-1,700 courses available on an emergency basis

- Other considerations
  - API supply constraints (lead time 11 months), US source
  - Cold storage (2-8°C) required
  - Transition to contract manufacturing means less excess capacity



## **Rationale for Stockpiling**

- Cuprimine<sup>®</sup> and Syprine<sup>®</sup> are useful decorporation agents
  - REMM lists, and Los Angeles stockpiles, Cuprimine<sup>®</sup>
  - Animal (and some human) efficacy of Cuprimine<sup>®</sup> for <sup>60</sup>Co
  - Syprine® covers complementary set of metals
- Cuprimine<sup>®</sup> is a declining product, and may become commercially non-viable
- API sourcing is constrained, but would respond favorably with larger volumes
- Neither product is currently available commercially in large enough quantities to handle a substantial contamination event, nor can be made quickly on an emergency basis
- Stockpiling is justified
  - Provide emergency management workers with sufficient supplies to handle a crisis
  - Allow Aton to improve the supply chain

