In the treatment of AMI, consider

TNKase® (Tenecteplase) Single-Bolus

The 5-Second Intervention

DOSING INFORMATION

Dosing is based on actual or estimated patient weight.

Patient Weight (kg)	Patient Weight (lb)	TNKase (Tenecteplase) (mg)	Reconstituted (5 mg/mL) TNKase (mL)
<60	<132	30	6
60 to <70	132 to <154	35	7
70 to <80	154 to <176	40	8
80 to <90	176 to <198	45	9
≥90	≥198	50	10

CONTRAINDICATIONS

TNKase therapy is contraindicated in the following conditions due to an increased risk of bleeding:

- Active internal bleeding
- History of cerebrovascular accident
- Intracranial or intraspinal surgery or trauma within 2 months
- Intracranial neoplasm, arteriovenous malformation, or aneurysm
- Known bleeding diathesis
- Severe uncontrolled hypertension

AMI=acute myocardial infarction.

Genentech
A Member of the Roche Group

LyticExperience™

TNKase® (Tenecteplase) Single-Bolus™

www.tnkase.com

RECONSTITUTION AND ADMINISTRATION

Deliver the exact dose they need

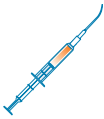
See Package Insert for further directions.
(Use aseptic technique throughout.)

1. **WITHDRAW** 10 mL of Sterile Water for Injection, USP, using the 10 mL BD™ Syringe with BD Twinpak™ Dual Cannula Device included in the kit. See TNKase Package Insert for instructions on use of the dual cannula device.

2. **INJECT** entire contents into the TNKase vial, directing the diluent at the powder. Slight foaming upon reconstitution is not uncommon. Let stand undisturbed for several minutes to allow bubbles to dissipate.

3. **GENTLY SWIRL** until contents are completely dissolved. DO NOT SHAKE. Solution should be colorless or pale yellow and transparent. USE UPON RECONSTITUTION. If not used immediately, refrigerate solution at 2 to 8°C (36-46°F) and use within 8 hours. DO NOT FREEZE.

4. **WITHDRAW** the appropriate volume of solution based on patient weight. (See Dosing Information.) The recommended total dose should not exceed 50 mg. Discard solution remaining in the vial.



5. **FLUSH** a dextrose-containing line with a saline-containing solution prior to and following administration (precipitation may occur when TNKase is administered in an intravenous [IV] line containing dextrose).

6. **ADMINISTER** as an IV BOLUS over 5 seconds.

INDICATION

TNKase® (Tenecteplase) is indicated for use in the reduction of mortality associated with acute myocardial infarction (AMI). Treatment should be initiated as soon as possible after the onset of AMI symptoms.

IMPORTANT SAFETY INFORMATION

TNKase therapy is contraindicated in the following conditions due to an increased risk of bleeding: active internal bleeding, history of cerebrovascular accident, intracranial or intraspinal surgery or trauma within 2 months, intracranial neoplasm, arteriovenous malformation, or aneurysm, known bleeding diathesis, and severe uncontrolled hypertension.

All thrombolytic agents increase the risk of bleeding, including intracranial bleeding, and should be used only in eligible patients. In addition, thrombolytic therapy increases the risk of stroke, including hemorrhagic stroke, particularly in elderly patients. In patients with large ST segment elevation myocardial infarction, physicians should choose either thrombolysis or percutaneous coronary intervention (PCI) as the primary treatment strategy for reperfusion. Rescue PCI or subsequent elective PCI may be performed after administration of thrombolytic therapies if medically appropriate.

Please see full prescribing information for additional Important Safety Information.

TNKase® (Tenecteplase) i-SINGLE-BOLUS™

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