WILSON DISEASE ASSOCIATION
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FOR IMMEDIATE RELEASE

**Mark Cuban Cost Plus Drug Company, Dr. Reddy's Laboratories and the Wilson Disease Association Join Forces to Expand Access to Life-Saving Medications**

[New York, NY, June 19, 2023] - Mark Cuban Cost Plus Drug Company (Cost Plus Drugs), a pioneer in affordable medication access, and Dr. Reddy's Laboratories, a leading global pharmaceutical company, today announced a groundbreaking collaboration aimed at increasing access to essential medications for Wilson disease patients. The Wilson Disease Association (WDA) is pleased to announce this joint effort to reduce patient drug costs.

This collaboration marks a significant milestone in fighting the debilitating effects of Wilson disease (WD), a rare genetic liver disorder affecting the body's ability to metabolize dietary copper that's fatal without daily medication. Dr. Reddy's will manufacture and supply trientine hydrochloride and penicillamine, crucial treatments for managing WD, to Cost Plus Drugs. This enables Cost Plus Drugs to offer these medications at significantly reduced prices, making them more accessible to patients in need.

"The skyrocketing prices of these two drugs, which have been widely available for decades, has meant that many WD patients have struggled to afford their medication," said Drew Katz, WDA Board of Directors Member. "Some patients who were stable on these drugs were forced to change medications due to the cost. Others are fearful of losing their job or changing careers because of their need for continual, uninterrupted health insurance due to the prices of these drugs."

Katz, a passionate advocate and WD patient understands firsthand the challenges faced by individuals and families affected by this condition. His efforts inspired this collaboration and underscored the urgency of improving access to vital, life-saving medications that are not costly to manufacture. “Cost Plus Drugs and Dr. Reddy’s, who were heroes to so many before this announcement, can now add those suffering from Wilson disease to their fan club. They are doing incredible work.”

Both Cost Plus Drugs and Dr. Reddy's are renowned for their commitment to making medicines affordable to patients worldwide. "By combining the expertise and resources of our two companies, we aim to alleviate the financial burden faced by WD patients and increase access to trientine hydrochloride and penicillamine," said Mark Cuban, who launched the online company for generic drugs.

Penicillamine was discovered in 1956, and trientine hydrochloride was developed in the 1970's for treating WD. The medications work by binding with excess dietary copper and removing it from the body. Without daily therapy, the copper builds up in the liver, brain, and other organs leading to severe liver damage, devastating neurological symptoms or debilitating psychiatric disorders. Mark Cuban Cost Plus Drug Company, Dr. Reddy's Laboratories and the Wilson Disease Association are determined to positively impact the lives of WD patients, increasing their access to the critical medications they need to manage their condition effectively.

For more information or media inquiries, please contact:

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**Important Safety Information:** Trientine Hydrochloride Capsules USP, 250 mg

**These highlights do not include all the information needed to use Trientine Hydrochloride safely and effectively. See full prescribing information.**

**DESCRIPTION**

Trientine hydrochloride is a chelating compound for removal of excess copper from the body. Trientine hydrochloride, USP is available as 250 mg capsules for oral administration.

**INDICATIONS AND USAGE**

Trientine hydrochloride capsules are indicated in the treatment of patients with Wilson's disease who are intolerant of penicillamine. Trientine hydrochloride and penicillamine cannot be considered interchangeable. Trientine hydrochloride capsules should be used when continued treatment with penicillamine is no longer possible because of intolerable or life endangering side effects. Unlike penicillamine, trientine hydrochloride capsules are not recommended in cystinuria or rheumatoid arthritis.

**CONTRAINDICATIONS**

Do not take Trientine Hydrochloride if you are allergic to this medication.

**WARNINGS/PRECAUTIONS**

- Patients receiving trientine hydrochloride capsules should remain under regular medical supervision throughout the period of drug administration. Patients (especially women) should be closely monitored for evidence of iron deficiency anemia.
- There have been reports of asthma, bronchitis and dermatitis occurring after prolonged environmental exposure who use trientine hydrochloride as a hardener of epoxy resin. Patients should be observed closely for any related allergies to this medication.
- Patients should take trientine hydrochloride capsules on an empty stomach, at least one hour before meals or two hours after meals and at least one hour apart from any other drug, food, or milk. The capsules should be swallowed whole with water and should not be opened or chewed.
- For the first month of treatment, the patient should have their temperature taken nightly, and they should be asked to report any symptom such as fever or skin reactions.
- In general, mineral supplements should not be given since they may block the absorption of trientine hydrochloride. However, low iron levels may develop, especially in children and women on their cycle or pregnant. If necessary, iron may be given in short courses, separating the iron doses by two hours from the trientine hydrochloride doses to ensure adequate absorption of the trientine hydrochloride.

**PREGNANCY/NURSING MOTHERS**

- There are no adequate and well-controlled studies in pregnant women. Trientine hydrochloride capsules should be used during pregnancy only if the potential benefit justifies the potential risk to the unborn baby.
- It is not known whether this drug is excreted in human milk. Because many drugs are excreted in human milk, caution should be exercised when trientine hydrochloride capsules are administered to a nursing mother.

**SIDE EFFECTS**

Clinical expertise with trientine hydrochloride has been limited. The following side effects were reported in a clinical study in patients with Wilson's disease who were treated with trientine hydrochloride: systemic lupus erythematosus, muscle contractions that cause slow repetitive movements, general muscle weakness that may include drooping eyelids, impaired speech, and weakness in arms and legs, muscular spasms and iron deficiency.

Please see FDA-approved labeling (Patient Information and Instructions for Use) and the full prescribing information for Trientine hydrochloride Capsules USP or call Dr.Reddy's Laboratories, Inc. at 1-888-375-3784 (1-888-DRL-DRUG) for more information.

To report suspected side effects, call Dr. Reddy's Laboratories Medical Information Call Center at 1-888-DRL-DRUG (1-888-375-3784) or via email to medinfo@drreddys.com or contact the USFDA at 1-800-FDA-1088 (1-800-332-1088) or online at http://www.fda.gov/safety/medwatch.

**Important Safety Information:** Penicillamine Capsules USP, 250 mg

**These highlights do not include all the information needed to use Penicillamine safely and effectively. See full prescribing information.**

Physicians planning to use penicillamine should thoroughly familiarize themselves with its toxicity, special dosage considerations, and therapeutic benefits. Penicillamine should never be used casually. Each patient should remain constantly under the close supervision of the physician. Patients should be warned to report promptly any symptoms suggesting toxicity.

**DESCRIPTION**

Penicillamine USP is a chelating agent used in the treatment of Wilson's disease. It is also used to reduce cystine excretion in cystinuria and to treat patients with severe, active rheumatoid arthritis unresponsive to conventional therapy.

**INDICATIONS AND USAGE**

Penicillamine capsules are indicated in the treatment of Wilson's disease, cystinuria, and in patients with severe, active rheumatoid arthritis who have failed to respond to an adequate trial of conventional therapy. Please refer to the Package insert for full prescribing information of Penicillamine capsules 250mg.

**CONTRAINDICATIONS**

Except for the treatment of Wilson's disease or certain patients with cystinuria, use of penicillamine during pregnancy is contraindicated. Although breast milk studies have not been reported in animals or humans, mothers on therapy with penicillamine should not nurse their infants.

Patients with a history of penicillamine-related aplastic anemia or agranulocytosis should not be restarted on penicillamine.

Because of its potential for causing renal damage, penicillamine should not be administered to rheumatoid arthritis patients with a history or other evidence of renal insufficiency.

**WARNINGS/PRECAUTIONS**

- The use of penicillamine has been associated with fatalities due to certain diseases such as aplastic anemia, agranulocytosis, thrombocytopenia, Goodpasture's syndrome, and myasthenia gravis.
- Penicillamine should not be given to patients with a history of penicillamine-related aplastic anemia or agranulocytosis should not be restarted on Penicillamine.
- Some patients may experience drug fever, a marked fever response to penicillamine, usually in the second to third week following initiation of therapy. Drug fever may sometimes be accompanied by a macular cutaneous eruption.

In the case of drug fever in patients with Wilson's disease or cystinuria, penicillamine should be temporarily discontinued until the reaction subsides. Then penicillamine should be reinstituted with a small dose that is gradually increased until the desired dosage is attained. Systemic steroid therapy may be necessary, and is usually helpful, in such patients in whom drug fever and rash develop several times.

In the case of drug fever in rheumatoid arthritis patients, because other treatments are available, penicillamine should be discontinued and another therapeutic alternative tried since experience indicates that the fever reaction will recur in a very high percentage of patients upon re-administration of penicillamine.

The skin and mucous membranes should be observed for allergic reactions. Early and late rashes have occurred. Early rash occurs during the first few months of treatment and is more common. Early rash usually disappears within days after stopping penicillamine and seldom recurs when the drug is restarted at a lower dosage.

The appearance of a drug eruption accompanied by fever, arthralgia, lymphadenopathy or other allergic manifestations usually require discontinuation of penicillamine.

- Certain patients will develop a positive antinuclear antibody (ANA) test and some of these may show a lupus erythematosus-like syndrome similar to drug-induced lupus associated with other drugs. The development of a positive ANA test does not mandate discontinuance of the drug; however, the physician should be alerted to the possibility that a lupus erythematosus-like syndrome may develop in the future.

- Some patients may develop oral ulcerations, these usually recur on re-challenge but often clears on a lower dosage. These oral lesions are frequently dose-related and may preclude further increase in penicillamine dosage or require discontinuation of the drug.

- Blunting or diminution in taste perception has occurred in some patients. This may last two to three months or more and may develop into a total loss of taste; however, it is usually self-limited despite continued penicillamine treatment. Such taste impairment is rare in patients with Wilson's disease.

- Penicillamine should not be used in patients who are receiving concurrently gold therapy, antimalarial or cytotoxic drugs, oxyphenbutazone or phenylbutazone because these drugs are also associated with similar serious blood and kidney reactions. Patients who have had gold therapy discontinued due to a major negative reaction may be at greater risk of serious negative reactions with penicillamine but not necessarily of the same type.

- Patients with Wilson’s disease or cystinuria should be given 25 mg per day of Pyridoxine (vitamin B-6) during therapy, since penicillamine increases the requirement for this vitamin. Rheumatoid arthritis patients whose nutrition is impaired should also be given a daily supplement of pyridoxine. Mineral supplements should not be given, since they may block the response to penicillamine. In Wilson's disease, if a multivitamin is given, ensure it is copper-free.

- Iron deficiency may develop, especially in pediatric patients and in menstruating women. If necessary, iron may be given in short courses, separating administration by two hours from penicillamine, since orally administered iron has been shown to reduce the effects of penicillamine.
- Penicillamine should not be given to patients with rheumatoid arthritis with a history or other evidence of renal insufficiency.

**PREGNANCY/NURSING MOTHERS**

- Mothers using Penicillamine should not breastfeed their infants.
- Except for the treatment of Wilson's disease or certain patients with cystinuria, patients should not use Penicillamine during pregnancy.
- Those that may be pregnant or planning to become pregnant or breastfeed or plan to, should let their healthcare provider know before starting this or any other medication(s).
- Those that are allergic to penicillin, should let their healthcare provider know before starting this agent.

**SIDE EFFECTS**

Serious Side Effects:

Deaths have been reported due to the follow side effects:

- Decrease in bone marrow activity resulting in reduced production of blood cells
- Decrease in white blood cells
- Decrease in platelet levels
- Blood or protein in urine

Common Side Effects:

- Allergic Reaction(s)
- Nausea
- Vomiting
- Diarrhea
- Loss of taste perception

These are not all of the possible side effects with Penicillamine Capsules. Please reference the full package insert/labeling for a complete list.

Speak to your doctor if you have had or are currently experiencing any side effects of Penicillamine Capsules.
For more information, ask your healthcare provider or pharmacist. You are encouraged to report negative side effects of prescription drugs. To report suspected side effects, call Dr. Reddy's Laboratories Medical Information Call Center at 1-888-DRL-DRUG (1-888-375-3784) or via email to medinfo@drreddys.com or contact the USFDA at 1-800-FDA-1088 (1-800-332-1088) or online at http://www.fda.gov/safety/medwatch.

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**About Mark Cuban Cost Plus Drug Company**

The Mark Cuban Cost Plus Drug Company, PBC (Cost Plus Drugs) aims to fundamentally change the way the pharmaceutical industry operates. As a public-benefit corporation, its social mission of improving public health is just as important as the bottom line. Cost Plus Drugs transparently charges a standard markup on every drug it sells. The costplusdrugs.com online pharmacy launched in January 2022 now carries over 1,000 prescription products, delivered by mail to thousands of happy customers every day. Cost Plus Drugs is working with health plans, managed-care organizations, pharmacy benefits managers (PBMs) and self-insured employers to bring these same savings to employer-sponsored benefit plans nationwide.

**About Dr. Reddy's: Dr. Reddy'' Laboratories Ltd.**

About Dr. Reddy's: Dr. Reddy's Laboratories Ltd. (BSE: 500124, NSE: DRREDDY, NYSE: RDY, NSEIFSC: DRREDDY) is a global pharmaceutical company headquartered in Hyderabad, India. Established in 1984, we are committed to providing access to affordable and innovative medicines. Driven by our purpose of 'Good Health Can't Wait', we offer a portfolio of products and services including APIs, generics, branded generics, biosimilars and OTC. Our major therapeutic areas of focus are gastrointestinal, cardiovascular, diabetology, oncology, pain management and dermatology. Our major markets include – USA, India, Russia & CIS countries, China, Brazil and Europe. As a company with a history of deep science that has led to several industry firsts, we continue to plan ahead and invest in businesses of the future. As an early adopter of sustainability and ESG actions, we released our first Sustainability Report in 2004. Our current ESG goals aim to set the bar high in environmental stewardship; access and affordability for patients; diversity; and governance. For more information, log on to: www.drreddys.com.

**About the Wilson Disease Association**

The Wilson Disease Association is the nation's only non-profit organization focused solely on providing support and hope to people impacted by Wilson disease worldwide so they may lead the best quality of life possible. The Wilson Disease Association achieves its mission of confronting the challenges of this rare genetic liver disorder by funding scientific research, educating patients and caregivers through information and support programs as well as assisting with public and medical professional awareness efforts. The vision of the Wilson Disease Association is to unmask the challenges of the disease and unleash the promise of a cure.
Additional information can be found at www.wilsondisease.org or by calling 1 866 961-0533