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CONTENTS

REVISITING BIOSIMILARS: A CLOSER LOOK AT THE COMMERCIAL BARRIERS....1
NEW AND NOTEWORTHY APPROVALS FROM 2018....2
PEER-REVIEWED ABSTRACTS....4
IP CORNER....5
CAUGHT OUR EYE....7
DEERFIELD FOUNDATION....8
NEWS YOU MAY HAVE MISSED....9
MEET THE ASSOCIATES....9
DEERFIELD EMPLOYEES VOLUNTEER FOR HABITAT FOR HUMANITY....11
IMPORTANT NOTES AND DISCLAIMER....12

REVISITING BIOSIMILARS: A CLOSER LOOK AT THE COMMERCIAL BARRIERS

In a past issue of this newsletter (September 2017) we took a broad look at the salient issues pertaining to the realm of biosimilars, including regulatory, legal, and commercial aspects of the debate. We refer readers here for an initial grounding if needed. In the intervening time period, new developments have played out that highlight the significant barriers to commercial uptake that exist for these products.

Briefly, biosimilars are to biologics as branded drugs are to generics. However, both biologic drugs and biosimilars are by and large exceedingly more difficult to manufacture and thus bring to market as the production process is critical to the potency and release quality of these drugs within parameters established by the innovator product. There are only yet 15 biosimilars approved in the US, and only five are actually commercially available, with the remainder being still blocked from the market due to patent exclusivity. Contrast this to Europe, where 40 biosimilar products are approved.

The cost of production for these products is not nearly at the level of generics. Take insulin, for example. Insulin has a somewhat hybrid role in the US, as the first formulations were approved before the biologics approval pathway existed in the US, so its "biosimilars" are approved under what is known as the 505(b)2 pathway in the US, as opposed to the 351(k) pathway used by products whose innovator products are a true biologic (as determined by approval pathway). The market would seem ripe for a Lantus biosimilar, as the product has greater than $4bn in annual sales. Eli Lilly already has a biosimilar to Lantus on the US market, called Basaglar, which is annualizing greater than $600m through its first six quarters into launch.

Merck, through a collaboration with Samsung Bioepis had a tentatively approved biosimilar to Lantus from July 2017. However, a filing by Samsung Bioepis in October 2018 indicated Merck had cancelled development and commercialization contracts for the product. One analyst report cited the decision to pull out as being due to a review of the market environment and production costs of insulin biosimilars. If a biosimilar as relatively "simple" as insulin can be difficult to manufacture at scale with attractive margins, then this certainly cannot bode well for more complex protein products to do the same. With Merck's exit, only Mylan, in collaboration with Biocon, is developing another Lantus biosimilar. While district court litigation is ongoing, a launch for Mylan and Biocon's product is expected in the 2020-2021 timeframe.

Similarly, Momenta recently announced it would be cutting its biosimilar efforts altogether, and simultaneously cutting half its staff while it refocuses on its non-biosimilar pipeline.

IT'S A (REBATE) TRAP

FDA Commissioner Scott Gottlieb further shed light on another major commercial obstacle for biosimilars, dubbed the rebate trap, in a March 2018 speech at the America's Health Insurance Plans National Health Policy Conference[1]. The deep discounts offered on certain branded specialty drugs (often biologic), in the form of rebates and other payment or contractual mechanisms, in many instances can be upwards of 40% to attain preferred formulary positions from pharmacy benefit managers (PBMs) and health insurers. Often these negotiated discounts are volume-based, so the greater the utilization over competitive products, the greater the spread from the wholesale acquisition cost (WAC) to the net price to the plan, with PBMs and health insurers earning a percentage of the spread. Launched biosimilar products have generally been introduced to the market with roughly 15-20% discounts to the WAC of originator products, and thus are unable to displace the originator product. Biosimilars get stuck in a catch-22 situation, where they lack enough patient share for plans to consider moving them to a better formulary position but are hindered from getting more meaningful market share while they sit on a lower formulary tier. PBMs remain financially incentivized to limit the uptake of biosimilars to maintain the flow of rebate payments on originator products. Simply further discounting the biosimilar so that the WAC is on par with the net price of the originator is easier said than done for reasons noted earlier, namely that these drugs have turned out to be much costlier to develop and manufacturer than earlier predictions.

PBMs are attempting to move past the bad press they have received around the rebate trap and the general practice of collecting rebates. Express Scripts recently announced the launch of its Flex Formulary, which will consider authorized generics of branded drugs for inclusion on the formulary, in either a preferred or non-preferred position, and, importantly, discontinue coverage of the branded product. This could foreseeably open the door to more biosimilar adoption on this formulary. The first products added to the Flex Formulary were Epclusa and Harvoni, two hepatitis C drugs made by Gilead Sciences.

HUMIRA IN THE HOTSEAT

Gottlieb has gone so far as to suggest a competitive bidding scheme for biologics would be ideal[2], which is more akin to the experience in the EU. For example, Remicade sales have fallen over two-thirds in the three years since the introduction of its first biosimilar in the EU. Another closely watched drug is Humira, the world's top-selling drug, as four biosimilars have just launched in the EU. One analyst report has said AbbVie, the maker of Humira, has won its first tender in Europe by offering an 80% discount off the price prior to the launch of biosimilars[3]. The deep discounting shows the extent to which the company is willing to go to hold onto market share.

Humira biosimilars in the US are still a pipedream, protected by a patent thicket the company has created with additional patents on formulations changes and extending life as new indications are approved. AbbVie has forged confidential legal settlements with several biosimilar makers, that will keep biosimilar copies of Humira at bay until 2023. In the meantime, AbbVie and Amgen are likely to continue to find themselves under increased scrutiny over the practice of repeated price increases for their top-selling drugs. A recent article cited nearly a 140% overall price increase for both of those drugs since January 2013[4]. Without biosimilar competition, and assuming continued price increases on par with recent history, both drug makers could see themselves in the hot seat in the court of public opinion.

- by Christine Livoti

NEW AND NOTEWORTHY APPROVALS FROM 2018

The FDA is on track for another record setting year of new drug approvals. Below we recap some significant approvals from the past year, spanning therapeutics, medical devices, and digital tools.

[1] https://www.fda.gov/NewsEvents/Speeches/ucm599833.htm
[2] https://www.fda.gov/NewsEvents/Speeches/ucm613452.htm
[3] https://www.statnews.com/pharmalot/2018/11/01/abbvie-humira-biosimilars-prices/
[4] https://www.statnews.com/2018/11/14/humira-abbvie-amgen-enbrel-price-hikes-biosimilars/

PRODUCT	MANUFACTURER	INDICATION	APPROVAL DATE	WHAT YOU SHOULD KNOW
Contact	Viz.ai	Analysis of CT results and highlights cases that may have experienced a stroke	February 2018	Created a new regulatory classification for artificial intelligence driven platforms for clinical decision support.
G6	Dexcom	Integrated continuous glucose monitoring (iCGM) system	March 2018	First iCGM that can integrate with other compatible medical devices and electronic interfaces, including dosing systems, insulin pumps, and blood glucose meters.
IDx	IDx-DR	Autonomous detection of diabetic retinopathy	April 2018	First AI-based diagnostic system that can provide a screening decision without clinician interpretation.
Retacrit (epoetin alfa-epbx)	Hospira, a subsidiary of Pfizer	Treatment of anemia caused by chronic kidney disease, chemotherapy, or use of zidovudine in patients with HIV infection	May 2018	First biosimilar to Epogen/Procrit.
Kymriah (Tisagenlecleucel)	Novartis	Relapsed or refractory (r/r) large B-cell lymphoma	May 2018	New indication added following first approval for the CAR-T product in 2017.
Andexxa (recombinant coagulation factor Xa)	Portola Pharmaceuticals	Reversal of anticoagulation in patients treated with rivaroxaban or apixaban	May 2018	"Generation 1" approval for smaller batch product, available in only limited launch. Generation 2 product has YE2018 PDUFA data.
Aimovig (erenumab-aooe)	Amgen	Preventive treatment of migraine in adults	May 2018	First approval of new class of migraine agents known as calcitonin gene-related peptide (CGRP) blockers.
Fulphila (pegfilgrastim-jmdb)	Mylan	Reduce the risk of infection during cancer treatment	June 2018	First biosimilar to Neulasta.
Epidiolex (cannabidiol)	GW Pharmaceuticals	Rare, severe forms of epilepsy	June 2018	First FDA-approved drug that contains a purified drug substance derived from marijuana.
Eversense	Senseonics	Implantable continuous glucose monitoring system	June 2018	First implantable product approved, capable of 90-day use.
Freestyle Libre 14 Day Flash Glucose Monitoring System	Abbott	Continuous glucose monitoring system	July 2018	Allows adult patients to make diabetes treatment decisions without obtaining a blood sample from the fingertip (fingerstick). Also has a companion app for smartphone use.
Onpattro (patisiran)	Alnylam	Hereditary transthyretin-mediated amyloidosis in adult patients	August 2018	First RNA interference (RNAi) approval.
Apple Watch Series 4	Apple	Atrial fibrillation-detecting algorithm and ECG built into Apple Watch	September 2018	De Novo approval for incorporation of these features into a consumer-facing electronic device.

PRODUCT	MANUFACTURER	INDICATION	APPROVAL DATE	WHAT YOU SHOULD KNOW
Gardasil 9 (Human Papillomavirus 9-valent vaccine)	Merck	HPV vaccine	October 2018	Extended the approved age range of the vaccine to include men and women ages 27 to 45.
Truxima (rituximab-abbs)	Celltrion	B-cell non-Hodgkin's lymphoma (NHL)	November 2018	First biosimilar to Rituxan.
Vitrakvi (larotrectinib)	Loxo Oncology and Bayer	Solid tumors that have a neurotrophic receptor tyrosine kinase (NTRK) gene fusion	November 2018	Tissue agnostic approval – can be used in any tumor type with a specific gene fusion status.

PEER-REVIEWED ABSTRACTS

As part of Deerfield's mission of advancing healthcare, the Deerfield Institute is committed to publishing its proprietary research in peer-reviewed, open access scientific journals. Below is a selection of some of our recently published work. More information on the Deerfield Institute, and copies of certain past publications are available on the web at Deerfield.com/Institute.

EUROPEAN SOCIETY OF CARDIOVASCULAIRE AND ENDOVASCULAIRE SURGERY INTERNATIONAL CONGRESS 2018

THE IMPORTANCE OF EMERGING TRANSCATHETER MITRAL VALVE TECHNOLOGIES IN COST-EFFECTIVENESS AND POST-PROCEDURE OUTCOMES

ANDREW ELBARDISSI, MARK STUNTZ

ABSTRACT

Mitral intervention has historically been open surgical and has been limited to a small subset of patients who could tolerate surgery and where there was perceived clinical benefit. With the emergence of transcatheter mitral interventions, we sought to compare the types of patients undergoing surgical and transcatheter mitral interventions. Moreover, we sought to determine if there were any major differences in adverse events, length of stay (LOS), and cost to the healthcare system.

IP CORNER

Intellectual Property (IP) is a vital asset to any emerging company in the healthcare space. Here, we highlight noteworthy trends and events in the IP realm with implications for both young and established healthcare companies alike.

THE DIAGNOSTICS INDUSTRY HOPES FOR A CLEARER FUTURE

An invention is entitled to a patent if it satisfies several distinct requirements for patentability:

- The invention must be a "useful process, machine, manufacture, or composition of matter" (35 USC 101)
- It must be novel (35 USC 102)
- It must be not obvious (35 USC 103)
- It must be disclosed in sufficient detail to allow others to use the invention after the patent expires (35 USC 112)

Discoveries that are deemed to be abstract ideas or laws of nature are excluded from eligibility.

The distinction between a discovery and an invention is not easy to draw, especially after a series of the recent Supreme Court and Federal Circuit decisions have comingled the distinct requirements for patentability. The diagnostics industry particularly suffers from the muddled state of patent law. In *Mayo v. Prometheus*, the Supreme Court invalidated a patent directed at dosing a patient, measuring a metabolite, and then titrating the dose of the medication. The previously unknown correlation between the level of a metabolite and the required dose was viewed as an unpatentable law of nature combined with a known method for metabolite measurement. In *Association for Molecular Pathology v. Myriad Genetics*, the Supreme Court invalidated patents for isolated pieces of DNA coding for previously unknown polypeptide sequences that determined the risk for developing breast cancer. The correlation of the particular DNA sequence to cancer risk was again viewed as an unpatentable law of nature. Then, in *Ariosa Diagnostics v. Sequenom*, the Federal Circuit invalidated a patent for testing fetal DNA using a sample of maternal blood. The test eliminated the high risks associated with amniocentesis. The court acknowledged that the test in its entirety was novel and useful. However, the presence of the fetal DNA in maternal blood was deemed to be a law of nature combined with a routine detection technique. The court felt bound by the Supreme Court's earlier decisions and invalidated the patent.

In contrast, the Federal Circuit upheld the patent claim in *Vanda Pharmaceuticals v. West-Ward Pharmaceuticals Int'l*. The patent involved personalizing a patient's dosing regimen based on the patient's genotype. The court deemed that a treatment based on diagnostics is eligible for protection, unlike the diagnostics themselves. Many diagnostic companies now add a treatment step to diagnostic patent claims in an attempt to secure protection. However, the reliance on this case is unfortunately misplaced. Patent infringement requires proof that the infringer performed all the steps of the patented method. Unlike pharmaceutical companies, diagnostic companies usually do not perform a treatment step, so proving infringement would be unlikely.

Some diagnostic companies such as those developing novel diagnostic hardware or sample processing protocols are not affected by these rulings. However, many diagnostic companies rely on the discoveries of novel predictive correlations. With no ability to patent correlations, the industry relies on trade secret protection. The secrecy makes it more difficult to secure funding, validate discoveries, and gain broad acceptance.

In a series of public speeches last month, U.S. Patent and Trademark Office director Andrei Iancu recognized that the current law is difficult to interpret and apply because it mixes distinct legal concepts. In his speech, Iancu asked, "How can a claim be novel enough to pass 102 and nonobvious enough to pass 103, yet lack an ″inventive concept″ and therefore fail 101? Or, how

can a claim be concrete enough so that one of skill in the art can make it without undue experimentation, and pass 112, yet abstract enough to fail 101? How can something concrete be abstract?" "Overall, the key for our IP systems is for [patentability principles] to be reliable and predictable." "We must be clear, lest we perpetuate the current state. People should know up front. If nothing else, for the sake of a predictable ecosystem, let's be transparent." Iancu recognized that a patent owner can attract investment capital only when the defensibility of the patent is clear.

Iancu has directed the USPTO to clarify and revise the guidelines for patent eligibility. However, the Patent Office cannot overrule the courts and will have to act within the margins of case interpretation. Fortunately, these problems are being noticed by Congress. On December 12, 2018, Sens. Chris Coons, D-Del., and Thom Tillis, R-N.C., sent invitations to companies, industry groups and intellectual property experts to discuss the need for legislative reform of patent eligibility standards. These recent events offer the diagnostics industry hope for a clearer future.

- by Mark Shtilerman, Senior Counsel

CAUGHT OUR EYE

CVS is testing out an Amazon Prime-like subscription model that is offering members free delivery, a pharmacist help line, a 20% discount on CVS-brand items, and a monthly coupon of $10. While only available in the Boston-area for now, the pilot program is expected to test CVS' nettle against other online competition. The program, dubbed CarePass, costs $48 per year or $5 per month. CVS also began offering nationwide home delivery for prescription drugs in June of this year. *Fortune* In a related move, Walgreens recently announced its plans to launch a nationwide, next-day prescription delivery with FedEx. The delivery is part of "Walgreens Express" which lets customers previse the cost of their prescriptions and either pick those up as early as the next day for $4.99, or pick up in store with checkout at a special express line. CNBC

The Food and Drug Administration (FDA) released the computer code and technical roadmap to allow both researchers and developers to customize and use the FDA's newly created MyStudies App. The app is designed to facilitate the exchange of real world data directly input by patients which can be linked to electronic health data. The hope is the marriage of the two data sets can support clinical trials, observational studies, and patient registries. The app is configurable for different therapeutic areas and health outcomes, in an effort to reduce software development hurdles for non-FDA users. Both Apple iOS and Android versions of the app are available. FDA

The national insurer for England, known as NHS England, has been locked in a battle with Vertex Pharmaceuticals over the pricing of its cystic fibrosis drug Orkambi since 2016, when NHS said the drug was not cost effective. While it is common in the UK for drugs to be deemed not cost effective in their first review, usually through a series of follow up negotiations and sufficient price concessions, the drug will ultimately get covered by NHS. Vertex has maintained it has given NHS the best offer, on which point NHS has demurred. In an effort to bring both parties back to the table, UK Parliament has threatened to make all correspondence between the parties public, which would be counter to how the price negotiation process typically works in the UK. *BioCentury* The deadline however, has quietly passed, without updates from any parties. *BioCentury*

The FDA recently authorized the first direct-to-consumer test for detecting genetic variants that may be associated with medication metabolism. The approval was awarded to 23andMe for a test that detects 33 variants for multiple genes. This type of pharmacogenetic test has seen increasing interest for use in understanding and/or predicting how patients may respond to drugs like warfarin, certain anesthetics and pain drugs, as well as behavioral/mental health drugs, though the FDA approval notes the test is "not intended to provide information on a patient's ability to respond to any specific medication." FDA Shortly after the approval announcement, the agency released a warning notification against the use of genetic tests with "unapproved claims to predict patient response to specific medications," and that it would "take compliance actions when appropriate." FDA

In an effort to curb what it deems as wasteful spending, big box retailer Walmart has implemented a plan that will require employees to travel to certain hospitals deemed as centers of excellence for specific surgeries, at Walmart's expense. While it has had a plan in place since 2013 to allow employees the option to travel to those specialty centers, it will now be mandated. The company found that many employees who traveled to the centers of excellence ended up avoiding the high-cost surgeries altogether, even though their local doctors said they needed it, and thus saving Walmart money. *The Wall Street Journal*

Smartphone apps developed by biopharma companies will only be lightly regulated by the FDA, as laid out in a November proposal by the agency. So long as the software is not required for the safe and effective use of a particular product, the agency will consider the app like a promotional material. Examples that would fall under the low risk umbrella include tools that help track adherence, collect and communicate symptoms, and other data points that would help allow physicians make treatment decisions such as dose adjustments. Sponsors are expected to submit materials to the FDA at the time they are distributed. So long as the app is regulated as promotional material, FDA will not request access to the code used to develop. *BioCentury*

DEERFIELD FOUNDATION

The Foundation has formed 39 partnerships and invested or committed approximately $40 million for the advancement of children's health since 2007, ranging from health clinics in Nepal to a mobile medical home for children in the South Bronx. In this newsletter we would like to highlight just one of the organizations that we feel is helping us fulfill our mission of advancing healthcare. We are proud to be critical supporters of Muso.

MUSO

Mission:	To eliminate preventable deaths in the world's most impoverished communities.
Partner Since:	2015
Description:	Muso has designed a proactive health care system optimized to save lives by reaching patients early. The Muso model deploys three core components: 1. Proactive Search: Community Health Workers (CHWs) and community members search for patients through door-to-door home visits to connect them with care early. 2. Doorstep Care: CHWs provide a package of life-saving health care services in the home. These include family planning, newborn screening, and treatment for children with malaria, diarrhea, pneumonia, and malnutrition. 3. Rapid-Access Clinics: Muso removes point-of-care fees, builds infrastructure, and trains staff, so that government clinics can provide universal, early access to care.
Total Funding:	$525,000
The Deerfield Perspective:	Mali has one of the highest rates of child mortality, with most of those deaths attributable to preventable and treatable infectious diseases. The Muso model rapidly connects patients to care and is able to provide a host of services including pregnancy testing, family planning, screening of newborns and pregnant women for dangers signs, and treatment of children with malaria, diarrhea, pneumonia, and malnutrition. Patients who require more complex care are triaged to government-run health centers. The organization is highly data driven, with an embedded randomized controlled trial within its program to determine the optimal care delivery model and CHW supervision. Muso has seen early promising results out of the pilot phase of the ProCCM model, published earlier this year in *BMJ Global Health*. In the pilot phase, the ProCCM model reduced child mortality to 7 out of 1,000, compared to 115 out of 1,000 nationwide
Muso Perspective:	The Deerfield Foundation has supported Muso to test and deploy solutions to the global child mortality crisis. Deerfield's partnership has allowed Muso to provide proactive, universal health care to 30,000 people living in remote rural communities in Mali, amidst some of the most extreme poverty in the world.
Most Recent Projects Funded:	Proactive Care Delivery: Rigorous Implementation Research to Save Lives and Support Mali's National CHW Scale-Up In 2017, Muso launched care at seven new sites in rural Mali and initiated an embedded three-year Randomized Controlled Trial (RCT), the ProCCM Trial, growing the reach of its proactive health system to 330,000 people across nine sites in two regions of Mali. This large, multi-year research study will quantify the impact of Muso's health system, including testing the impact of proactive case identification and doorstep care on under-five child mortality, evaluating the model's impact in the rural context, and conducting a number of secondary analyses on areas such as intervention cost-effectiveness. The RCT and service expansion were launched in partnership with the Malian Ministry of Health and are embedded in Mali's national plan for CHW scale-up, allowing the government to redirect national efforts as new community health evidence emerges. In 2019, Muso will deliver life-saving care to 340,000 people, including 140,000 patients across its rural sites. This year's grant specifically provides for health care services at two rural sites serving approximately 30,000 patients.

NEWS YOU MAY HAVE MISSED

We've been busy at Deerfield the last few months! Here is a sampling of some of what we've been up to:

Deerfield Provides $125 million Debt Financing to Tris Pharma
October 04, 2018
Read More

UNC-Chapel Hill and Deerfield Management announce the creation of Pinnacle Hill to accelerate the discovery of new medicines
October 22, 2018
Read More

Dana-Farber Cancer Institute and Deerfield Collaborate to Create the Center for Protein Degradation
November 13, 2018
Read More

Shine and Deerfield Close $150 Million Financing Commitment to Support Diagnostic and Therapeutic Medical Isotope Manufacturing
November 27, 2018
Read More

MEET THE ASSOCIATES

Beginning in 2015, Deerfield started the Deerfield Fellows program, designed to attract students with interest in pursuing healthcare or finance fields from local NYC-area colleges and universities from diverse backgrounds for an immersive summer internship program. Successful summer interns are invited to stay through a yearlong Deerfield Fellowship program, with the most successful of those graduating to become Associates at Deerfield. We are extremely proud of the work our Associates do, and here will highlight an Associate in each issue.

MEET EDDIE YANG

WHAT INITIALLY DREW YOU TO THE FELLOWS PROGRAM?
I first applied to Deerfield as a sophomore knowing that the program was meant for Juniors and up. I was trying to take my chances applying to Junior status positions and luckily was able to get an interview with Tim. During that interview, I was surprised, confused, entertained, and challenged all at the same time. After that unique interview experience, I was told to re-apply the following year given my current age. I re-applied the following year and haven't looked back.

WHAT IN YOUR EXPERIENCE HAS MATCHED YOUR EXPECTATIONS ABOUT BEING A DEERFIELD FELLOW AND NOW ASSOCIATE?
I was expecting to have to learn an immense amount of information about healthcare, finance, and overall business. I'm confident to say that there is a lot that I don't know. The learning experience has been and will continue to be difficult and

enjoyable at the same time. Also, it is extremely helpful to know that there are people in this firm that are willing to spend their time teaching and supporting us along the way.

DESCRIBE A TIME OR TIMES YOU FOUND TO BE UNEXPECTED.

I wasn't sure what to expect when I joined Deerfield. Often, the culture isn't the highlight when people talk about financial firms. That is different at Deerfield. At Deerfield, maintaining a great culture is a priority, which makes it enjoyable to work here.

DESCRIBE YOUR MOST MEMORABLE EXPERIENCE SO FAR AT DEERFIELD.

There have been many! One that sticks out is a Saturday in October. I joined a group of Deerfielders to volunteer for a Habitat for Humanity project in Queens. Having the opportunity to contribute to building a home for the less fortunate while getting to know other Deerfielders outside the work environment is an experience that I'll always remember.

WHAT ADVICE WOULD YOU GIVE TO FUTURE FELLOWS?

I think that understanding that you don't know a lot is a great start to the beginning of this journey. Don't be afraid to ask questions. Don't be afraid to admit when you don't know the answer to something or don't understand a concept fully. Don't be afraid to embed yourself within the company culture. And make sure you get to know the people here on a more personal level.

Photo courtesy Eddie Yang

WHEN NOT AT DEERFIELD, I CAN BE FOUND:

One could find me at the Deerfield gym a couple of times during the week. On Monday and Wednesday mornings, I'm at Jim's 6am mixed martial arts class. On the weekends I'm either out with friends, cooking, reading, or playing with my dog. Even though I'm trying to eat and drink more healthily, I still enjoy the occasional beer (preferably a stout).

ONE FUN FACT ABOUT YOU!

I can't swim, but I love water-related activities. I once went cliff diving and almost drowned in a relatively small lake because I couldn't swim to the shore – luckily, a friend, who didn't know I couldn't swim, was swimming beside me and was able to drag me to safety.

DEERFIELD EMPLOYEES VOLUNTEER FOR HABITAT FOR HUMANITY

A group of 14 Deerfielders spent what started out as a slightly damp, but ultimately turned into a sunny, autumn Saturday at a Habitat for Humanity build site in Queens, NY. Habitat NYC acquired a portfolio of vacant and dilapidated homes from the New York City Housing Authority (NYCHA) with the goal of rehabilitating them as affordable, energy efficient homes for low-income families who are first-time homebuyers. The 23 homes, 20 of which are in Queens and three of which are located in Brooklyn, were formerly in the Federal Housing Administration (FHA) program. Many of these properties have fallen into severe disrepair and have a negative impact on the surrounding community. For more information on Habitat for Humanity's efforts in NYC, please go to https://habitatnyc.org/projects/build/.

IMPORTANT NOTES AND DISCLAIMER

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