

WILLIAM J HERMANN, JR MD
MEMORIAL HERMANN MEMORIAL CITY HOSPITAL
921 GESSNER
HOUSTON, TEXAS 77024

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To Whom It May Concern:

I have served as Medical Director of Clinical Laboratories and Pathologist at this institution for 39+ years. I have had the privilege of assisting many of my colleagues in various clinical projects providing laboratory testing and general experience. One of the most rewarding projects started with my involvement in the diagnosis and treatment of Chronic Fatigue Syndrome (CFS) in the early 1980's. After working with several clinical colleagues with limited success, we decided to try an old drug that was "grandfathered" with the FDA and had a very long record of safety. We knew it to be effective in skin xantheams, as is stated in the package insert, and, which we already had extended to use in Herpes zoster (Shingles). Finding it to be extraordinarily effective there, we further extended it to use in a new syndrome, CFS. The etiology of CFS, at the time, pointed to re-activation of latent virus with the focus of EBV. We again found extraordinary success. In 1988 we summarized our experience at a national meeting in which we reported 270 patients diagnosed and treated in a similar manner without blinding. I had developed and applied an important diagnostic test of T-cell function to qualify these patients as functionally immunosuppressed. The results showed 75% notable to marked improvement in overall quality of life and ability to perform at pre-illness levels. Thirteen percent showed intermediate improvement and only 12% were unsuccessful. This data, and some additional, was the basis for the issuing of US Patent 5,055,296 in 1991. Subsequently, two additional use patents were issued. The drug at that time was named Kutapressin. Despite continuing research into the drug and its use the company owning the formula decided in 1996 to discontinue all work in this area as it was not in their sphere of expertise and not in their interest to spend the money required to complete a new drug application to the FDA.

After several years of searching to prevent the disappearance of this effective drug, Nexco Pharma, Inc. was formed. The new company requested that they be allowed to produce the exact drug for the market. The original company agreed, but made a strict condition that the name be changed. Thus Nexavir was chosen and represents the exact same formulation as the original, Kutapressin.

That is a brief, relevant history covering many years and a lot of details not addressed here. However, in conclusion, I have observed many cases and personally prescribed in several cases, the use of Kutapressin/Nexavir in Chronic Fatigue Syndrome, "Shingles", and acute infectious mononucleosis with

great and impressive success. Most importantly I have never witnessed or became aware of any serious safety issues with use of the drug. I understand Nexco Pharma has developed a means to carry the active agents in a transdermal manner making it much more convenient for patients. This again uses the same formulation with the addition of transdermal “transporters”.

Sincerely,

William J Hermann, Jr MD

Medical Director of Clinical Laboratories

Memorial Hermann Memorial City Hospital

(713) 242 3773