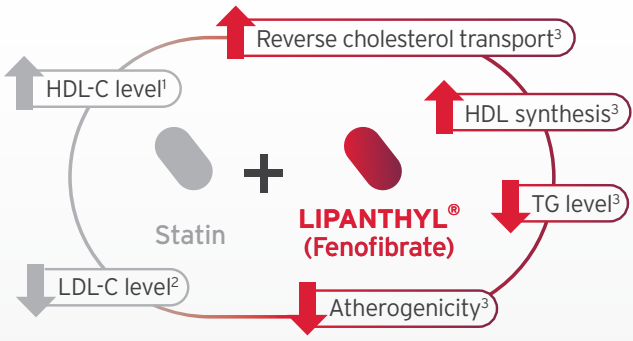
LIPANTHYL® PENTA 145
145 mg Fenofibrate

Reducing lipid levels in an all-round way

Patients who achieve their LDL-C target with marginal TG (2.3 – 5.6 mmol/L), initiate co-statin treatment with LIPANTHYL® to achieve non-HDL-C target level and reduce CV risk.

Co-treatment of statin with LIPANTHYL®



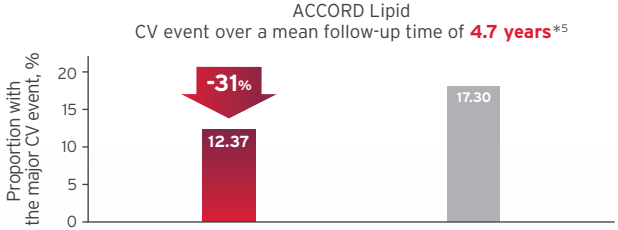
2020 AACE/ACE guidelines recommendation

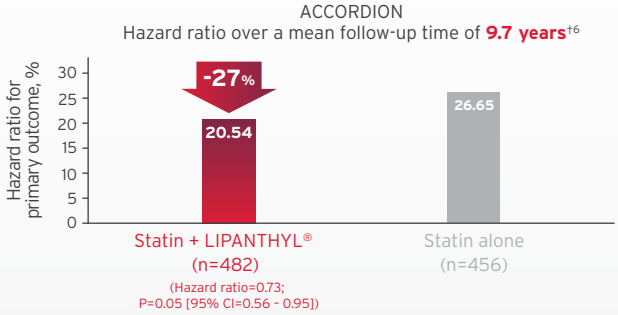
ASCVD risk factor modification algorithm for patients who are under statin therapy, TG levels should be

<1.7 mmol/L at every risk level[4]

AACE=American Association of Clinical Endocrinology; ACE=American College of Endocrinology; ASCVD=atherosclerotic cardiovascular disease; CV=cardiovascular; HDL=high-density lipoprotein; HDL-C=HDL cholesterol; LDL-C=low-density lipoprotein cholesterol; TG=triglycerides.

Co-statin treatment with LIPANTHYL® delivers long-term CV risk reduction





35% **reduction in all-cause mortality rate with statin plus LIPANTHYL® vs statin alone over 9.7 years of follow-up.[7]**

* Study design for ACCORD Lipid: A total of 5,518 patients with type 2 diabetes were enrolled into a randomized, placebo-controlled, double-blind treatment arm of ACCORD. Patients were randomized to receive either masked fenofibrate or placebo. The primary outcome was the first occurrence of nonfatal myocardial infarction, nonfatal stroke, or death from cardiovascular causes. The mean follow-up was 4.7 years.[5]

† Study design for ACCORDION: Of 5,518 patients in the original ACCORD Lipid Study, a total of 4,644 patients with type 2 diabetes, either prevalent CVD or CVD risk factors, and HDL-C level >50 mg/dL, were selected for 5-year follow-up. The primary outcome was the first occurrence of a nonfatal myocardial infarction, nonfatal stroke, or death from a cardiovascular cause. The mean follow-up was 9.7 years.[6]

ACCORD=Action to Control Cardiovascular Risk in Diabetes; ACCORDION=Action to Control Cardiovascular Risk in Diabetes Follow-On Study; CI=confidence interval; CV=cardiovascular risk; CVD=cardiovascular diseases; HDL-C=high-density lipoprotein cholesterol.

References: **1.** McTaggart F, Jones P. Cardiovasc Drugs Ther. 2008;22(4):321-338. **2.** Cholesterol Treatment Trialists' (CTT) Collaborators, et al. Lancet. 2012;380(9841):581-590. **3.** Keating GM, Croom KF. Drugs. 2007;67(1):121-153. **4.** Garber AJ, et al. Endocr Pract. 2020;26(1):107-139. **5.** ACCORD Study Group, et al. N Engl J Med. 2010;362(17):1563-1574. **6.** Elam MB, et al. JAMA Cardiol. 2017;2(4):370-380. **7.** Zhu L, Hayen A, Bell KJL. Cardiovasc Diabetol. 2020;19(1):28.

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A dynamic duo for reducing CV risk

Patients who achieve their LDL-C target with marginal TG (2.3 – 5.6 mmol/L), initiate co-statin treatment with LIPANTHYL® to achieve non-HDL-C target level and reduce CV risk.

ECLIPSE-REAL Study*[1]

CV benefits of co-statin treatment with LIPANTHYL® have been proven in the study with

over 2.5 years of follow-up

With statin + **LIPANTHYL®**, CV risk was reduced by:

↓26% in all patients (adults aged ≥40 years with metabolic syndrome)[1]
(HR=0.74 [95% CI=0.58 – 0.93]; P=0.01)

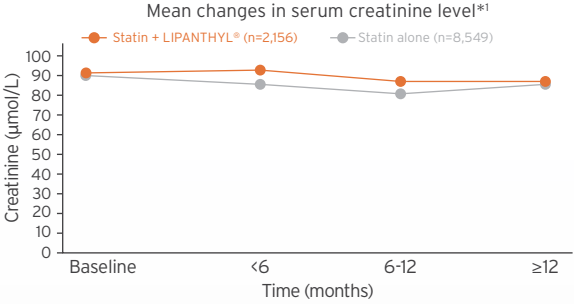
↓36% in patients with high TG or low HDL-C level[1]
(HR=0.64 [95% CI=0.47 – 0.87]; P=0.005)

↓13% in patients with low TG or high HDL-C level[1]
(HR=0.87 [95% CI=0.62 – 1.23]; P=0.43)

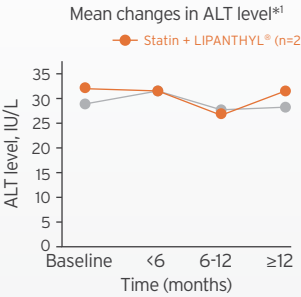
* Study design: A total of 29,771 adults with metabolic syndrome (≥40 years) received statin treatment, of which 2,156 patients receiving combined treatment (statin plus LIPANTHYL®) were weighted based on propensity score in a 1:5 ratio with 8,549 participants using statin only treatment. The primary outcome was composite cardiovascular events including incident coronary heart disease, ischaemic stroke, and death from cardiovascular causes.[1]

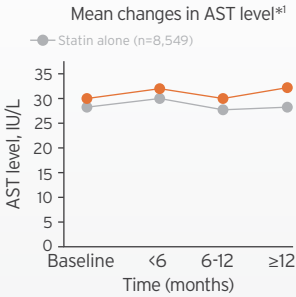
CI=confidence interval; CV=cardiovascular; ECLIPSE-REAL=Effectiveness of Fenofibrate Therapy in Residual Cardiovascular Risk Reduction in the Real World Setting; HDL-C=high-density lipoprotein cholesterol; HR=hazard ratio; LDL-C=low-density lipoprotein cholesterol; TG=triglycerides.

Co-statin treatment with LIPANTHYL® protects against CVD with well-established safety profile



Serum creatinine level slightly increased in co-statin treatment with LIPANTHYL® within 6 months and gradually decreased (P=0.4)[1]





There was no statistical difference in ALT and AST level between treatment groups[1]

Co-statin treatment with LIPANTHYL® provided promising efficacy and safety in reducing CV risk[1]

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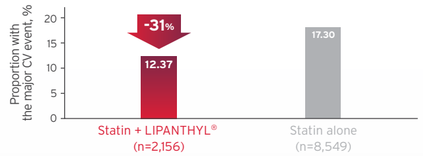
Lipanthyl reminder card
99mm(W) x 210mm(H)

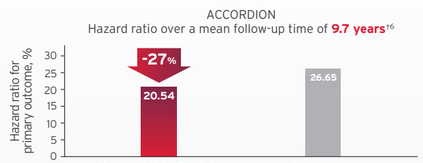
210 mm

99 mm

Card 1 - back

Co-statin treatment with LIPANTHYL® delivers long-term CV risk reduction





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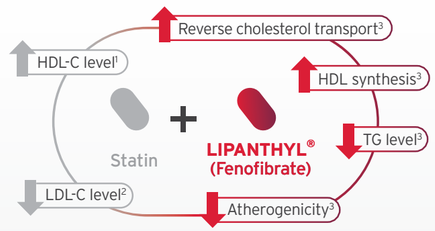

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Card 2 - front

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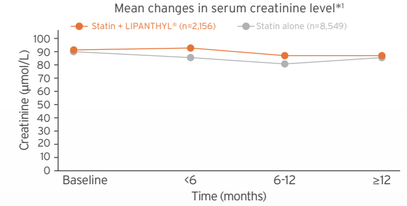

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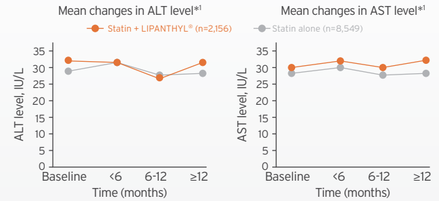

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