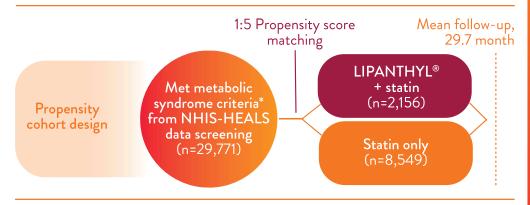
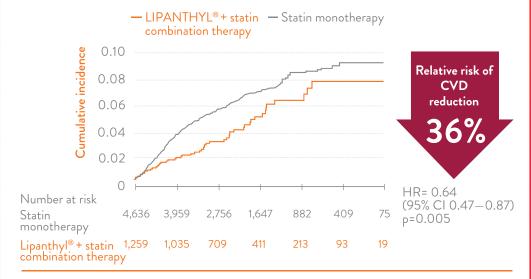


ECLIPSE-REAL demonstrated CV outcomes of LIPANTHYL® add-on therapy among Asian patients with metabolic syndrome in the real-world setting¹



Participants with low-HDL-C or high TG[†]

Risk of CVD in patients with HDL-C <0.88 mmol/L or TG ≥2.3 mmol/L



Study design: Participants from NHIS-HEALS are selected by the metabolic syndrome criteria defined by the Adult Treatment Panel III guidelines. 29,771 adults met metabolic syndrome criteria before initiation of statin treatment (≥40 years) receiving statin treatment. Based on propensity score in a 1:5 ratio, 2,156 participants and 8,549 participants were selected to receive combined treatment (statin plus fenofibrate) and statin only treatment, respectively. Mean duration of follow up was 29.7 (SD 17.7) months.

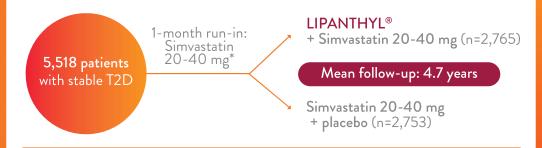
CI=Confidence Interval; CV=Cardiovascular; CVD=Cardiovascular disease; HDL-C=High-density lipoprotein cholesterol; HR=Hazard ratio; NHIS-HEALS=the Korean National Health Insurance Service Health Screening; TG=triglycerides.



^{*} Metabolic syndrome criteria was defined by the Adult Treatment Panel III guidelines, before the index date. Adults with metabolic syndrome were required to meet three or more of the following criteria: (1) waist circumference ≥90 cm in men and ≥80 cm in women,(2) serum TG ≥1.7 mmol/L, (3) HDL-C<1.0 mmol/L in men and <1.3 mmol/L in women, (4) fasting glucose ≥5.6 mmol/L or antidiabetes treatment, and (5) blood pressure ≥130/85 mmHg or treatment for hypertension.

[†] Low HDL-C defined as HDL-C level <0.88 mmol/L. High TG defined as TG level ≥2.3 mmol/L.

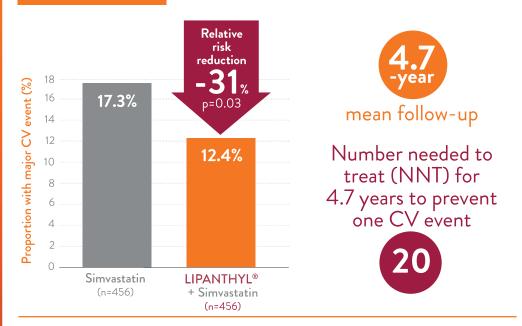
ACCORD LIPID The CV Outcome trial of LIPANTHYL®-statin combination therapy²



ACCORD LIPID prespecificed

subgroup analysis:

Major CV events (Primary endpoint) in patients with TG ≥2.3 mmol/L and HDL-C ≤0.9 mmol/L



Study design: The ACCORD research included all patients with type 2 diabetes and a glycated hemoglobin level of 7.5% or above. 5,518 individuals were recruited, with 2,765 receiving fenofibrate plus simvastatin and 2,753 receiving placebo plus simvastatin. Fenofibrate was given at a dosage of 160 mg** per day at the beginning of the experiment. 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.2

CV=Cardiovascular; HDL-C=High-density lipoprotein cholesterol; TG=triglycerides; T2D=type 2 diabetes.

References: 1. Kim NH, et al. Use of fenofibrate on cardiovascular outcomes in statin users with metabolic syndrome: propensity matched cohort study. BMJ. 2019 Sep 27;366:l5125. **2.** ACCORD Study Group, et al. Effects of combination lipid therapy in type 2 diabetes mellitus. N Engl J Med. 2010 Apr 29;362(17):1563-74.

Abbreviated Prescribing Information
Lipanthyl Penta 145 mg: One film-coated tablet contains 145 mg fenofibrate (nanoparticles). Indications: as an adjunct to diet and other non-pharmacological treatment for the following conditions: severe hypertriglyceridemia w/or w/o low HDL cholesterol; mixed hyperlipidemia when statin is contraindicated or not tolerated; mixed hyperlipidemia in pts at high CV risk in addition to a statin when triglycerides and HDL cholesterol are not adequately controlled. Recommended dosage: 1 film-coated tablet. (Containing 145 mg fenofibrate) once daily. Tablets should be swallowed whole with or without food. Contraindications: Hypersensitivity, Hepatic & renal insufficiency. Photoallergy or phototoxic reactions. Gallbladder disease. Chronic or acute pancreatitis (w/ exception due to severe hypertriglyceridemia; concurrent estrogen or estrogen contraceptives; monitor transaminase levels 3mothly in the 1st yr of therapy; pancreatic; myotoxicity; rhabdomyolysis; increased creatinine levels. Common ADR: Digestive, gastric or intestinal disorder (abdominal pain, nausea, vomiting diarrhea, flatulence). Elevated levels of serum transaminases.

For healthcare professionals only, full prescribing information available upon request.



^{**} Lipanthyl 160mg bioequivalent to 145 mg nanocrystal.