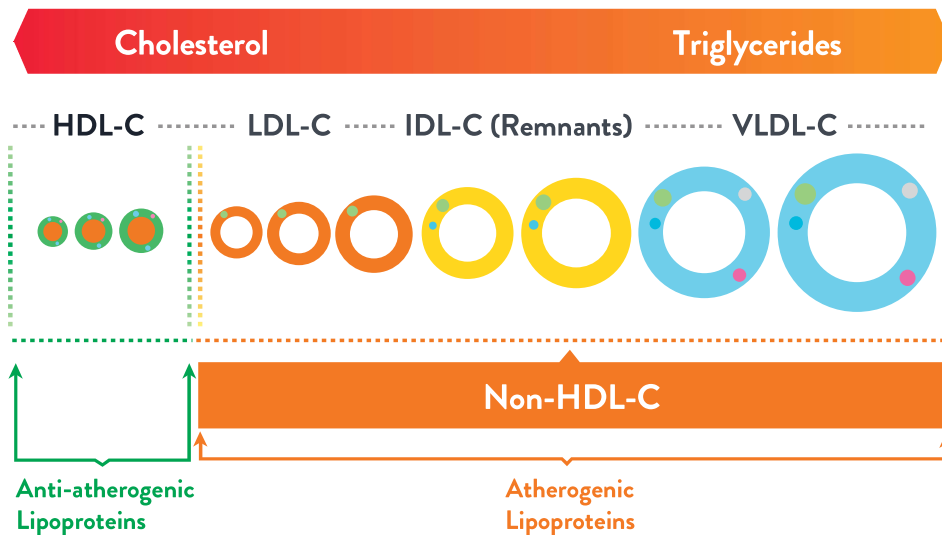


Non-HDL-C: A recognised secondary target for treatment for CV disease prevention¹



Non-HDL-C

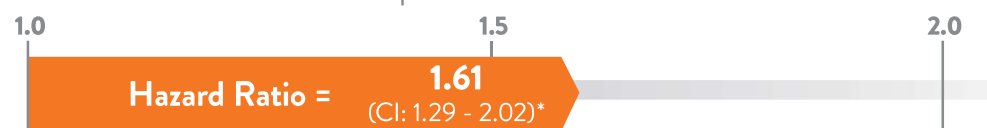
is a significant predictor of CVD in diabetic patients²

CVD hazard ratios associated with Non-HDL-C and LDL-C²

Non-HDL-C >4.17 mmol/L - compared with <3.29 mmol/L



LDL-C >2.98 mmol/L - compared with <2.35 mmol/L



* Highest tertile compared with the lowest tertile
 Adapted from Lu W et al. Diabetes Care 2003.

Analysis of 2,108 individuals aged 45-74 years with diabetes but no CVD at baseline and followed up over an average of 9 years to evaluate the ability of Non-HDL-C and lipoprotein indicators to predict CVD.²

CI=confidence intervals; CVD=Cardiovascular disease; HDL-C=high density lipoprotein cholesterol; IDL-C=Intermediate density lipoprotein cholesterol; LDL-C=Low density lipoprotein cholesterol; VLDL-C=Very low-density lipoprotein cholesterol.

LIPANTHYL[®] Penta 145

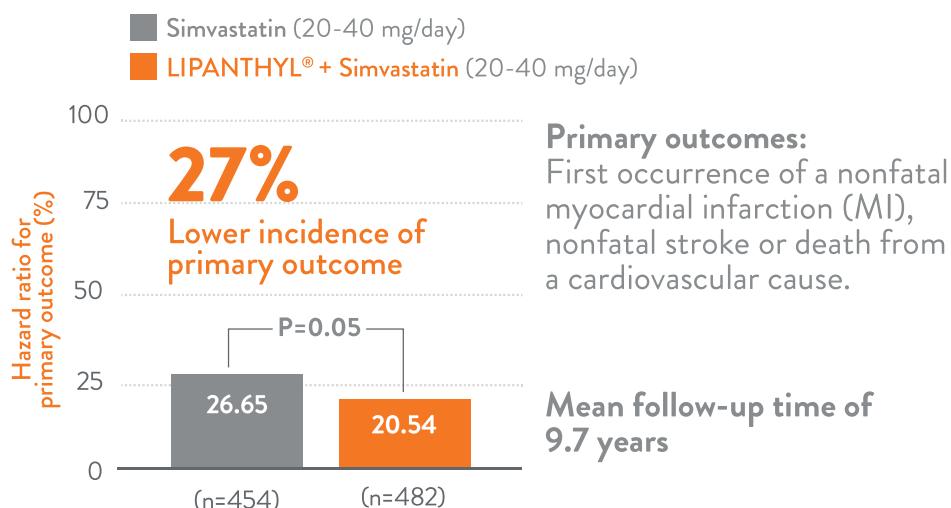
145 mg Fenofibrate

A statin with **LIPANTHYL[®]** reduced the risk of major CV events in **dyslipidaemic patients with type 2 diabetes³**

CVD

risk reduction

In patients with dyslipidaemia and type 2 diabetes³
(Post-trial follow-up of ACCORD LIPID study)



LIPANTHYL[®] therapy with a statin was associated with reduced CV disease in study participants with dyslipidaemia³

CVD=Cardiovascular disease; MI=myocardial infarction.

References: 1. Brunner FJ, et al. Multinational Cardiovascular Risk Consortium. Application of non-HDL cholesterol for population-based cardiovascular risk stratification: results from the Multinational Cardiovascular Risk Consortium. *Lancet*. 2019 Dec 14;394(10215):2173-2183. 2. Lu W, Resnick HE, et al. Non-HDL cholesterol as a predictor of cardiovascular disease in type 2 diabetes: the strong heart study. *Diabetes Care*. 2003 Jan;26(1):16-23. 3. 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 containing contraceptives; monitor transaminase levels 3monthly 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.