



PATIENTS WHO ACHIEVE THEIR LDL-C TARGET LEVEL MAY STILL NOT ACHIEVE THEIR NON-HDL-C TARGET LEVEL¹





LDL-C = Low Density Lipoprotein Cholesterol, HDL-C = High Density Lipoprotein Cholesterol

Adapted from Boekholdt SM et al JAMA 2012

Meta-analysis of 8 randomized controlled trials involving 62,154 participants. All trials involved a mean follow up of at least 2 years and more than 1000 patients.

1. Boekholdt SM et al. Association of LDL Cholesterol, Non-HDL Cholesterol, and Apolipoprotein B Levels With Risk of Cardiovascular Events Among Patients With Statins. JAMA 2012; 307(12): 1303-1309

Abbreviated Prescribing Information

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Lipanthyl Penta 145mg: One film-coated tablet contains 145.0mg 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 145mg fenofibrate) once daily. Tablets should be swallowed whole with or without food. Contraindications: Hypersensitivity. Hepatic & renal insufficiency. Photoallergy or phototoxic reaction. Gallbladder disease. Chronic or acute pancreatitis (w/ exception due to severe hypertriglyceridemia). Allergy to peanut, arachis oil, soya lecithin or related products. Fructose intolerance. Lactase deficiency. Glucose-galactose malabsorption. Special Precautions: Secondary cause of hypercholesterolemia; concurrent estrogen or estrogencontaining contraceptives; monitor transaminase levels 3mthly in the 1st yr of therapy; pancreatitis; myotoxicity; rhabdomyolysis; increased creatinine levels. Common ADR: Digestive, gastric or intestinal disorder (abdominal pain, nausea, vomiting, diarrhoea, flatulence). Elevated levels of serum transaminases.



FOR HEALTHCARE PROFESSIONALS ONLY

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