NEW

For high-risk patients with mixed dyslipidemia...*

NEW TRILIPIX™ for Your Patients Who Need Comprehensive Lipid Management

Combination Indication: FIRST and ONLY fibrate with an FDA-approved indication in combination with statins[1]

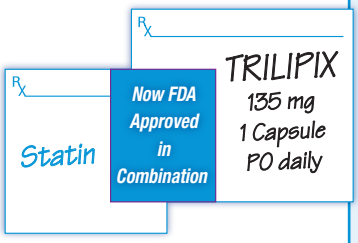
- Indicated as an adjunct to diet in combination with a statin to reduce TG and increase HDL-C in patients with mixed dyslipidemia and CHD or a CHD risk equivalent who are on optimal statin therapy to achieve their LDL-C goal
- No incremental benefit of TRILIPIX on cardiovascular morbidity and mortality over and above that demonstrated for statin monotherapy has been established

Comprehensive Efficacy: Substantial improvements across all three key lipids through Week 12 with TRILIPIX + a statin (rosuvastatin, atorvastatin, or simvastatin); sustained improvements up to Week 64[1,2]

- Studied with low and moderate doses of rosuvastatin, atorvastatin, and simvastatin through Week 12 in clinical trials
- Up to 64-week, long-term efficacy data of TRILIPIX + a moderate-dose statin (n=1895) with sustained improvements in LDL-C, HDL-C, and TGs

Demonstrated Safety in Clinical Trials: TRILIPIX + a statin demonstrated clinical safety in 2201 patients up to Week 64[1,2]

- The most commonly reported adverse events (≥4% of patients receiving TRILIPIX or TRILIPIX co-administered with a statin) were dyspepsia, nausea, nasopharyngitis, upper respiratory tract infection, arthralgia, back pain, pain in extremity, dizziness, and headache



Convenient Dosing

- Once-daily dosing — may be taken at the **same time as a statin** when used in combination
- TRILIPIX may be taken with or without food

Capsules shown not actual size.

Easy Accessibility With the TRILIPIX Care Program

- **A $25 maximum co-pay for eligible patients with the Getting-Started Kit**

*High-risk patients are those with CHD or CHD risk equivalent.

NEW
TRILIPIX™
(fenofibric acid)
delayed-release capsules
135 mg and 45 mg

Please see Indications and Important Safety Information on last page.

Full Prescribing Information available at
www.rxabbott.com/pdf/trilipix_pi.pdf or www.trilipix.com.

Solvay Pharmaceuticals

SOLVAY

Abbott
A Promise for Life

TRILIPIX: Convenient Once-Daily Dosing

Diagnosis	TRILIPIX Recommended Dose
Mixed dyslipidemia	**135 mg** once daily when co-administered with a statin or when used as monotherapy
Primary hyperlipidemia	**135 mg** once daily
Severe hypertriglyceridemia	**45 mg** to **135 mg** once daily*

*Dosage should be individualized according to patient response, and should be adjusted if necessary following repeat lipid determinations at 4- to 8-week intervals.

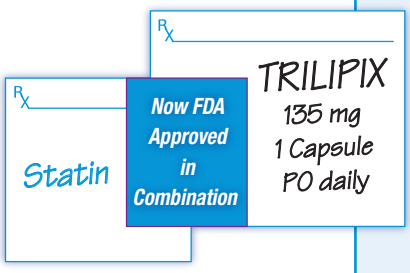
TRILIPIX 135 mg

Capsule shown not actual size.

TRILIPIX 45 mg

Capsule shown not actual size.

For patients with dyslipidemia who have mild to moderate renal impairment	Initiate **45 mg** once daily – Subsequent increase should be preceded by an evaluation of the effects on renal function and lipid levels at the 45-mg dose – The use of TRILIPIX should be avoided in patients with severely impaired renal function



In combination...or as monotherapy

- TRILIPIX can be taken with or without food
- TRILIPIX should be swallowed whole
- The maximum dose of TRILIPIX is 135 mg once daily
- May be taken at the **same time as a statin** when used in combination
- Co-administration with the maximum dose of a statin has not been evaluated in clinical studies and should be avoided unless the benefits are expected to outweigh the risks

Patients should be placed on an appropriate lipid-lowering diet before receiving TRILIPIX as monotherapy or co-administered with a statin and should continue this diet during treatment.

Please see Indications and Important Safety Information on last page.

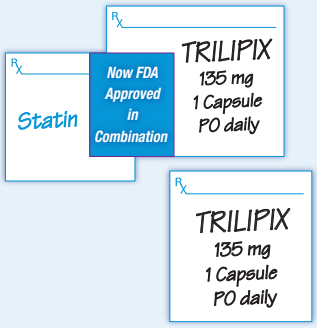
Full Prescribing Information available at
www.rxabbott.com/pdf/trilipix_pi.pdf or www.trilipix.com.

TRILIPIX: Pharmacist Counseling Tips

Pharmacist Counseling Tips

1. Always **take your medications as directed** by your physician
2. **Do not discontinue taking TRILIPIX without first talking to your physician**
3. TRILIPIX **may be taken with or without food**
4. TRILIPIX may be taken at the **same time as a statin**
5. Take TRILIPIX at the **same time every day**
6. Follow your doctor's advice regarding **diet and exercise**
7. The maximum dose of TRILIPIX is 135 mg once daily

Visit **www.trilipix.com**



TRILIPIX Care Program

No eligible patients pay more than $25 out-of-pocket per month with the Getting-Started Kit

- Components
  - 30-Day FREE voucher (one-time use)
  - Loyalty Card† — **patients pay no more than $25 out-of-pocket per month** for up to 5 refills
- No activation required

†Loyalty card offer not valid for patients with Medicaid, Medicare, or other federal or state program coverage, or for residents of Massachusetts with insurance coverage.

A comprehensive program designed to reach a variety of patients, regardless of insurance coverage

	 Getting-Started Kits	 Vouchers	TRILIPIX™ (fenofibric acid) delayed-release capsules Samples
	30 days FREE + "$25 or less" loyalty cards	**30 days FREE**	**7-day sample**
Commercial	✓	✓	✓
Medicare		✓	✓
Medicaid		✓	✓
Uninsured	✓	✓	✓

For patients without insurance coverage who may need additional financial assistance:

- Together Rx Access®
- Abbott Patient Assistance Foundation

Please see Indications and Important Safety Information on last page.

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Indications[1]

- TRILIPIX is indicated as an adjunct to diet in combination with a statin to reduce TG and increase HDL-C in patients with mixed dyslipidemia and CHD or a CHD risk equivalent who are on optimal statin therapy to achieve their LDL-C goal.
- TRILIPIX is indicated as an adjunct to diet to reduce TG in patients with severe hypertriglyceridemia.
- TRILIPIX is indicated as an adjunct to diet to reduce LDL-C, Total-C, TG, and Apo B and increase HDL-C in patients with primary hyperlipidemia or mixed dyslipidemia.
- **No incremental benefit of TRILIPIX on cardiovascular morbidity and mortality over and above that demonstrated for statin monotherapy has been established.**

Important Safety Information[1]

- TRILIPIX is contraindicated in patients with severe renal impairment; active liver disease or unexplained persistent liver function abnormalities; preexisting gallbladder disease; in nursing mothers; or in patients with hypersensitivity to fenofibric acid, choline fenofibrate or fenofibrate.
- **Fibrate and statin monotherapy increase the risk of myositis or myopathy, and have been associated with rhabdomyolysis. Data from observational studies suggest that the risk for rhabdomyolysis is increased when fibrates are co-administered with a statin. The risk for serious muscle toxicity appears to be increased in elderly patients and in patients with diabetes, renal failure, or hypothyroidism.**
- Myopathy should be considered in patients with muscle pain, tenderness, or weakness. If markedly elevated CPK levels occur or myopathy/myositis is diagnosed, TRILIPIX and statin therapy should be discontinued.
- Reversible elevations in serum creatinine have been reported in patients receiving TRILIPIX as monotherapy or co-administered with statins, as well as in patients receiving fenofibrate. Renal function should be monitored in patients with or at risk for renal insufficiency.
- TRILIPIX at a dose of 135 mg once daily administered as monotherapy or co-administered with statins has been associated with increases in serum transaminases. Regular liver function monitoring should be performed for the duration of therapy with TRILIPIX, and therapy discontinued if enzyme levels persist above 3 times the upper limit of normal.
- TRILIPIX may lead to cholelithiasis. If cholelithiasis is confirmed, TRILIPIX should be discontinued.
- TRILIPIX may potentiate the effects of oral coumarin anticoagulants. Dosage adjustment based on frequent prothrombin time/INR determinations is recommended.
- Pancreatitis, hypersensitivity reactions, hematological changes, and venothromboembolic events have been reported with the use of fibrates.
- Co-administration with the maximum dose of a statin has not been evaluated in clinical studies and should be avoided unless the benefits are expected to outweigh the risks.
- The most commonly reported adverse events (≥4% of patients receiving TRILIPIX or TRILIPIX co-administered with a statin) were dyspepsia, nausea, nasopharyngitis, upper respiratory tract infection, arthralgia, back pain, pain in extremity, dizziness, and headache. The most common adverse reactions reported by ≥3% of patients treated with fenofibrate and greater than placebo were abdominal pain, back pain, headache, abnormal liver function tests, increased CPK, and respiratory disorder.

References: 1. TRILIPIX [package insert]. North Chicago, IL: Abbott Laboratories. **2.** Data on file, Abbott Laboratories.

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