

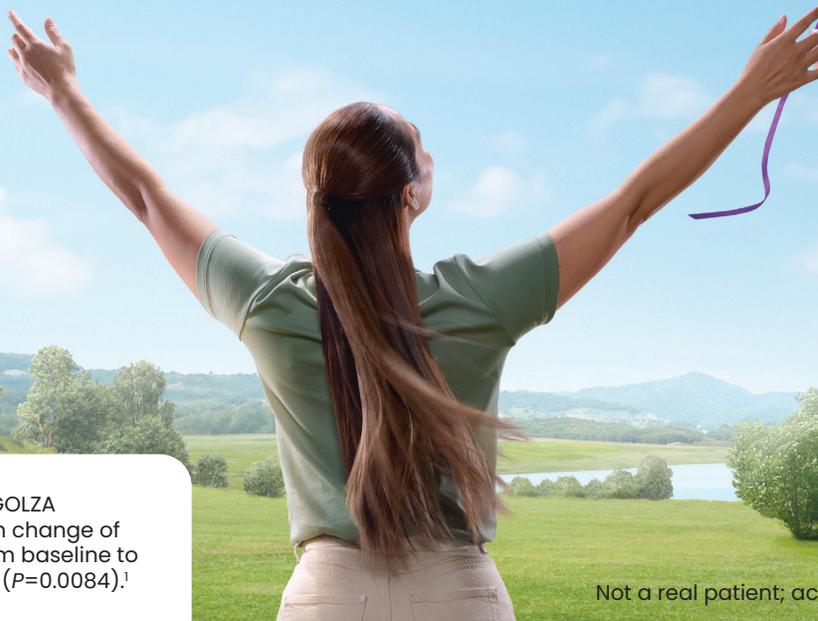
 **Tryngolza**<sup>®</sup>  
(olezarsen) 80 mg  
injection

For your adult patients with familial chylomicronemia syndrome (FCS),

# CELEBRATE

**proven results and real patient experiences  
with TRYNGOLZA**

FDA approved since 2024, TRYNGOLZA is the first therapy proven to significantly reduce triglyceride levels in adults with FCS when used as an adjunct to diet.<sup>1\*</sup>



\*In the *Balance* clinical trial, TRYNGOLZA demonstrated a significant mean change of -42.5% in fasting triglycerides from baseline to Month 6 compared with placebo ( $P=0.0084$ ).<sup>1</sup>

Not a real patient; actor portrayal.



**TRYNGOLZA is a once-monthly subcutaneous injection, self-administered via autoinjector.<sup>1</sup>**

## INDICATION

TRYNGOLZA (olezarsen) is indicated as an adjunct to diet to reduce triglycerides in adults with familial chylomicronemia syndrome (FCS).

## SELECT IMPORTANT SAFETY INFORMATION

### CONTRAINDICATIONS

TRYNGOLZA is contraindicated in patients with a history of serious hypersensitivity to TRYNGOLZA or any of the excipients in TRYNGOLZA. Hypersensitivity reactions requiring medical treatment have occurred.

Please see Important Safety Information throughout and full [Prescribing Information for TRYNGOLZA](#).

## Familial chylomicronemia syndrome (FCS) is an underdiagnosed genetic form of severe hypertriglyceridemia (sHTG)<sup>2-5</sup>

- FCS is caused by loss-of-function pathogenic variants in the lipoprotein lipase (*LPL*) gene and in other genes encoding proteins required for LPL activity<sup>6</sup>
  - LPL is an enzyme that breaks down triglycerides in chylomicrons and in very-low-density lipoprotein (VLDL) particles<sup>6</sup>
- The lack of LPL activity leads to the accumulation of VLDL and chylomicrons, leaving individuals with severely elevated triglyceride levels consistently  $\geq 880$  mg/dL and an increased risk of pancreatitis<sup>7</sup>

### Genetic testing and clinical scoring can support diagnosis

**Ionis has partnered with PreventionGenetics to provide no-cost, confidential genetic tests for eligible patients who\*:**

- Have evidence of severe refractory hypertriglyceridemia, defined by a minimum of 2 consecutive fasting triglyceride levels  $\geq 880$  mg/dL or 10 mmol/L
- Lack secondary causes known to cause sHTG
- Are residents of the United States

**Complimentary genetic counseling is also available through Genome Medical at 888-478-1494.**



Learn more about [no-cost genetic testing](#)

**FCS clinical scoring tools are available to support diagnosis, particularly for patients with indeterminate genetic test results<sup>8,9</sup>:**

- **The North American FCS (NAFCS) Score:** Developed in 2024 and validated specifically in North American patients
- **Clinical criteria developed by Moulin et al:** A panel of European experts developed an algorithm-based diagnostic tool that was published in 2018



Use an [interactive calculator](#) for either FCS clinical scoring tool.

\*Tests must be ordered by a qualified healthcare professional, and informed consent must be provided by the patient. Note that other companies also offer genetic testing services for FCS.

## SELECT IMPORTANT SAFETY INFORMATION

### WARNINGS AND PRECAUTIONS

#### Hypersensitivity Reactions

Hypersensitivity reactions (including symptoms of bronchospasm, diffuse erythema, facial swelling, urticaria, chills, and myalgias) have been reported in patients treated with TRYNGOLZA. Advise patients on the signs and symptoms of hypersensitivity reactions and instruct patients to promptly seek medical attention and discontinue use of TRYNGOLZA if hypersensitivity reactions occur.

#### ADVERSE REACTIONS

Most common adverse reactions (incidence  $>5\%$  of TRYNGOLZA-treated patients and  $>3\%$  higher frequency than placebo) were injection site reactions, decreased platelet count, and arthralgia.

**Please see Important Safety Information throughout and full [Prescribing Information](#) for TRYNGOLZA.**

## Patient case: Gus

### Key information



Gus, aged 31, presents with persistently elevated triglyceride levels and a medical history that prompts further evaluation. He complains of lethargy and brain fog, and continues to experience severe abdominal pain despite having seen multiple gastroenterologists and receiving a diagnosis of irritable bowel syndrome. For the past 2 years, he estimates that he's missed about 3 days of work each month.

#### Key findings:

- Diagnosed with sHTG at age 9
- Fasting triglyceride levels >1500 mg/dL that have been consistently refractory to lipid-lowering treatments
- History of recurrent abdominal pain
- No known secondary causes of sHTG (eg, certain medications, alcohol use, metabolic syndrome)
- Body mass index (BMI) of 21.3
- Total cholesterol=175 mg/dL
- Apolipoprotein B (apoB)=85 mg/dL

Hypothetical patient case; actor portrayal.

**Based on a clinical assessment and genetic testing, Gus is diagnosed with FCS.**

## SELECT IMPORTANT SAFETY INFORMATION

### CONTRAINDICATIONS

TRYNGOLZA is contraindicated in patients with a history of serious hypersensitivity to TRYNGOLZA or any of the excipients in TRYNGOLZA. Hypersensitivity reactions requiring medical treatment have occurred.

Please see Important Safety Information throughout and full [Prescribing Information for TRYNGOLZA](#).

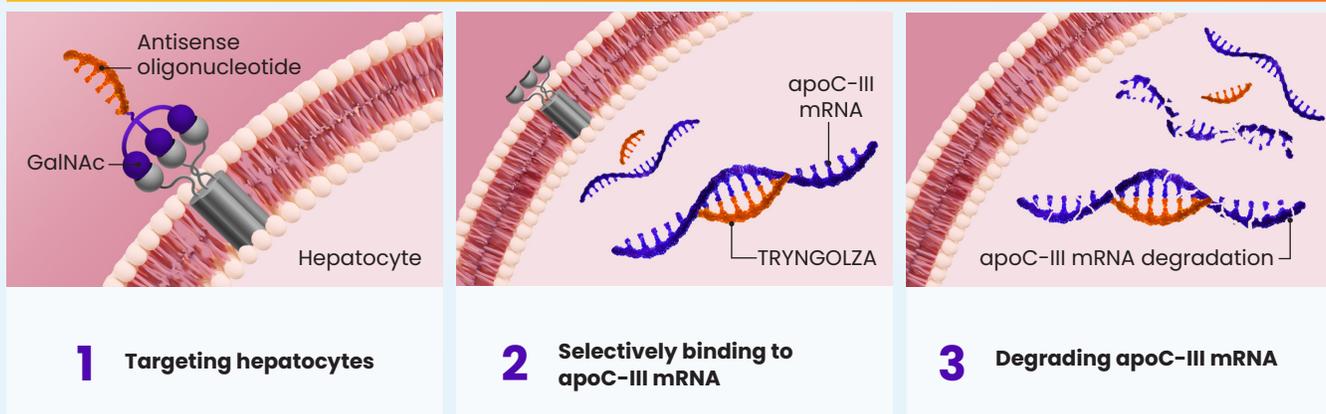
# TRYNGOLZA is a GalNAc-conjugated antisense oligonucleotide inhibitor of apolipoprotein C-III (apoC-III) production<sup>1</sup>

GalNAc enables targeted delivery to the liver, where apoC-III mRNA is generated<sup>1,10</sup>

**ApoC-III acts on the<sup>1</sup>:**

- **LPL-independent pathways by inhibiting hepatic clearance** of triglyceride-rich lipoproteins, which play an important role in patients with FCS because of the substantial deficit in LPL activity
- **LPL-dependent pathway by inhibiting lipoprotein lipase (LPL) activity**, the primary mechanism by which plasma triglycerides are hydrolyzed

## TRYNGOLZA is designed to work by<sup>1</sup>:



**This process results in reduced serum apoC-III protein and reduced triglyceride levels.**

FCS=familial chylomicronemia syndrome; GalNAc=triantennary N-acetylgalactosamine; mRNA=messenger ribonucleic acid.

## SELECT IMPORTANT SAFETY INFORMATION

### WARNINGS AND PRECAUTIONS

#### Hypersensitivity Reactions

Hypersensitivity reactions (including symptoms of bronchospasm, diffuse erythema, facial swelling, urticaria, chills, and myalgias) have been reported in patients treated with TRYNGOLZA. Advise patients on the signs and symptoms of hypersensitivity reactions and instruct patients to promptly seek medical attention and discontinue use of TRYNGOLZA if hypersensitivity reactions occur.

#### ADVERSE REACTIONS

Most common adverse reactions (incidence >5% of TRYNGOLZA-treated patients and >3% higher frequency than placebo) were injection site reactions, decreased platelet count, and arthralgia.

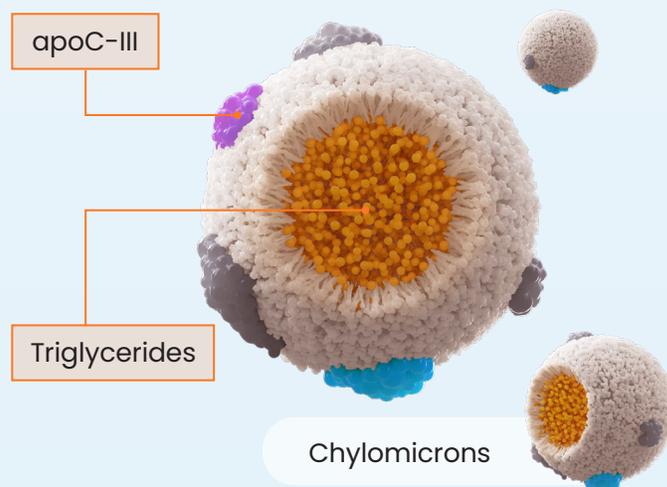
**Please see Important Safety Information throughout and full [Prescribing Information](#) for TRYNGOLZA.**

## Pharmacodynamics: sustained reductions observed in fasting apoC-III from baseline over 1 year<sup>1</sup>

ApoC-III is a regulator of triglyceride metabolism.<sup>11</sup>

### Fasting apoC-III placebo-corrected mean percent change from baseline<sup>1</sup>

Month 1	Month 3	Month 6	Month 12
<b>-57%</b>	<b>-69%</b>	<b>-72%</b>	<b>-80%</b>



apoC-III=apolipoprotein C-III.

### SELECT IMPORTANT SAFETY INFORMATION

#### CONTRAINDICATIONS

TRYNGOLZA is contraindicated in patients with a history of serious hypersensitivity to TRYNGOLZA or any of the excipients in TRYNGOLZA. Hypersensitivity reactions requiring medical treatment have occurred.

Please see Important Safety Information throughout and full [Prescribing Information](#) for TRYNGOLZA.

## TRYNGOLZA was evaluated in 45 adults with FCS in the *Balance* trial: a randomized, placebo-controlled, double-blind phase 3 clinical trial<sup>1</sup>

Participants were randomized to receive TRYNGOLZA or placebo once every 4 weeks for 6 months\* for the primary analysis, and were continued over a 12-month<sup>†</sup> treatment period.<sup>1,12</sup>

### Criteria for the trial included:

- ✓ Fasting triglyceride levels  $\geq 880$  mg/dL<sup>1</sup>
- ✓ Genetically identified FCS based on variants in genes known to cause complete or partial deficiency in LPL function.<sup>‡</sup> Participants with **indeterminate** genetic test results were confirmed to have FCS through adjudication by subject matter expert<sup>1,10</sup>
- ✓  $\geq 4$ -week run-in period where patients followed a low-fat diet of  $\leq 20$  grams of fat per day<sup>1</sup>

### Primary endpoint:

- ✓ **Mean percent change in fasting triglycerides** from baseline to Month 6\* compared with placebo<sup>1</sup>

\*Average of Weeks 23, 25, and 27.<sup>1</sup>

<sup>†</sup>Average of Weeks 51 and 53.<sup>12</sup>

<sup>‡</sup>Variants were *LPL*, *APOA5*, *GPIHBP1*, *LMF1*, or *APOC2*.<sup>10</sup>

*APOA5*=apolipoprotein A5; *APOC2*=apolipoprotein C2; *GPIHBP1*=glycosylphosphatidylinositol-anchored high-density lipoprotein binding protein 1; *LMF1*=lipase maturation factor 1; *LPL*=lipoprotein lipase.

## SELECT IMPORTANT SAFETY INFORMATION

### WARNINGS AND PRECAUTIONS

#### Hypersensitivity Reactions

Hypersensitivity reactions (including symptoms of bronchospasm, diffuse erythema, facial swelling, urticaria, chills, and myalgias) have been reported in patients treated with TRYNGOLZA. Advise patients on the signs and symptoms of hypersensitivity reactions and instruct patients to promptly seek medical attention and discontinue use of TRYNGOLZA if hypersensitivity reactions occur.

#### ADVERSE REACTIONS

Most common adverse reactions (incidence  $>5\%$  of TRYNGOLZA-treated patients and  $>3\%$  higher frequency than placebo) were injection site reactions, decreased platelet count, and arthralgia.

**Please see Important Safety Information throughout and full [Prescribing Information for TRYNGOLZA](#).**

## Select secondary and additional endpoints<sup>1,10,12,13</sup>

### Select secondary and additional endpoints:

- ✓ Mean percent change in fasting triglycerides from baseline to Month 12 compared with placebo<sup>10,12</sup>
- ✓ Mean percent changes from baseline at Month 6 compared with placebo in fasting:
  - Total apoB<sup>1</sup>
  - apoB-48 (the only specific marker of intestinal chylomicrons)<sup>1,13</sup>
  - Non-HDL cholesterol<sup>1</sup>
  - LDL cholesterol<sup>1</sup>
- ✓ Adjudicated pancreatitis events and number of participants affected during treatment period<sup>1,12</sup>



**Genevie, living with FCS  
and a paid speaker for Ionis.**

apoB=apolipoprotein B; apoB-48=apolipoprotein B-48; LDL cholesterol=low-density lipoprotein cholesterol; non-HDL cholesterol=non-high-density lipoprotein cholesterol.

### SELECT IMPORTANT SAFETY INFORMATION

#### CONTRAINDICATIONS

TRYNGOLZA is contraindicated in patients with a history of serious hypersensitivity to TRYNGOLZA or any of the excipients in TRYNGOLZA. Hypersensitivity reactions requiring medical treatment have occurred.

Please see Important Safety Information throughout and full [Prescribing Information](#) for TRYNGOLZA.

## Participant demographic and baseline characteristics were generally similar across treatment groups<sup>1\*</sup>

Participants were generally representative of the FCS population.<sup>10</sup>

**Across all treatment groups, most participants were on stable background lipid-lowering therapy, such as statins, omega-3 fatty acids, and fibrates<sup>1,10</sup>**

Baseline characteristic <sup>10</sup>	TRYNGOLZA 80 mg (n=22) <sup>10</sup>	Placebo (n=23) <sup>10</sup>
Body mass index (kg/m <sup>2</sup> ; mean±SD)	25.1±6.0	24.2±4.1
History of acute pancreatitis in the prior 10 years	17 (77%)	15 (65%)
Type 1 or 2 diabetes	7 (32%)	6 (26%)
Hypertension	4 (18%)	6 (26%)
Triglyceride level (mg/dL; mean±SD)	2613±1499	2596±1256
apoC-III level (mg/dL; mean±SD)	27.5±11.6	27.7±11.7
Non-HDL cholesterol level (mg/dL; mean±SD)	262.9±100.4	271.3±113.3

\*Abbreviated baseline characteristics table.<sup>10</sup>

apoC-III=apolipoprotein C-III; FCS=familial chylomicronemia syndrome; non-HDL cholesterol=non-high-density lipoprotein cholesterol; SD=standard deviation.

### SELECT IMPORTANT SAFETY INFORMATION

#### WARNINGS AND PRECAUTIONS

##### Hypersensitivity Reactions

Hypersensitivity reactions (including symptoms of bronchospasm, diffuse erythema, facial swelling, urticaria, chills, and myalgias) have been reported in patients treated with TRYNGOLZA. Advise patients on the signs and symptoms of hypersensitivity reactions and instruct patients to promptly seek medical attention and discontinue use of TRYNGOLZA if hypersensitivity reactions occur.

##### ADVERSE REACTIONS

Most common adverse reactions (incidence >5% of TRYNGOLZA-treated patients and >3% higher frequency than placebo) were injection site reactions, decreased platelet count, and arthralgia.

**Please see Important Safety Information throughout and full [Prescribing Information for TRYNGOLZA](#).**

**Significant reduction in fasting triglycerides at Month 6 with continued reductions observed at 1 year compared with placebo<sup>1,14</sup>**

**Primary endpoint:**



**-42.5% at Month 6\***

significant mean change in fasting triglycerides compared with placebo (95% CI, -74.1 to -10.9;  $P=0.0084$ )<sup>1†‡</sup>

**Select secondary endpoint:**

**-56.9% at Month 12<sup>§</sup>** mean change in fasting triglycerides compared with placebo (95% CI, -103.4 to -10.5)<sup>14†‡</sup>



\*Average of Weeks 23, 25, and 27.<sup>1</sup>

<sup>†</sup>Difference from baseline mean fasting triglyceride levels of 2604 mg/dL.<sup>1</sup>

<sup>‡</sup>Missing data were imputed using placebo washout imputation. The 95% CIs of treatment differences were calculated using a robust variance estimator.<sup>1,14</sup>

<sup>§</sup>Average of Weeks 51 and 53.<sup>12</sup>

**SELECT IMPORTANT SAFETY INFORMATION**

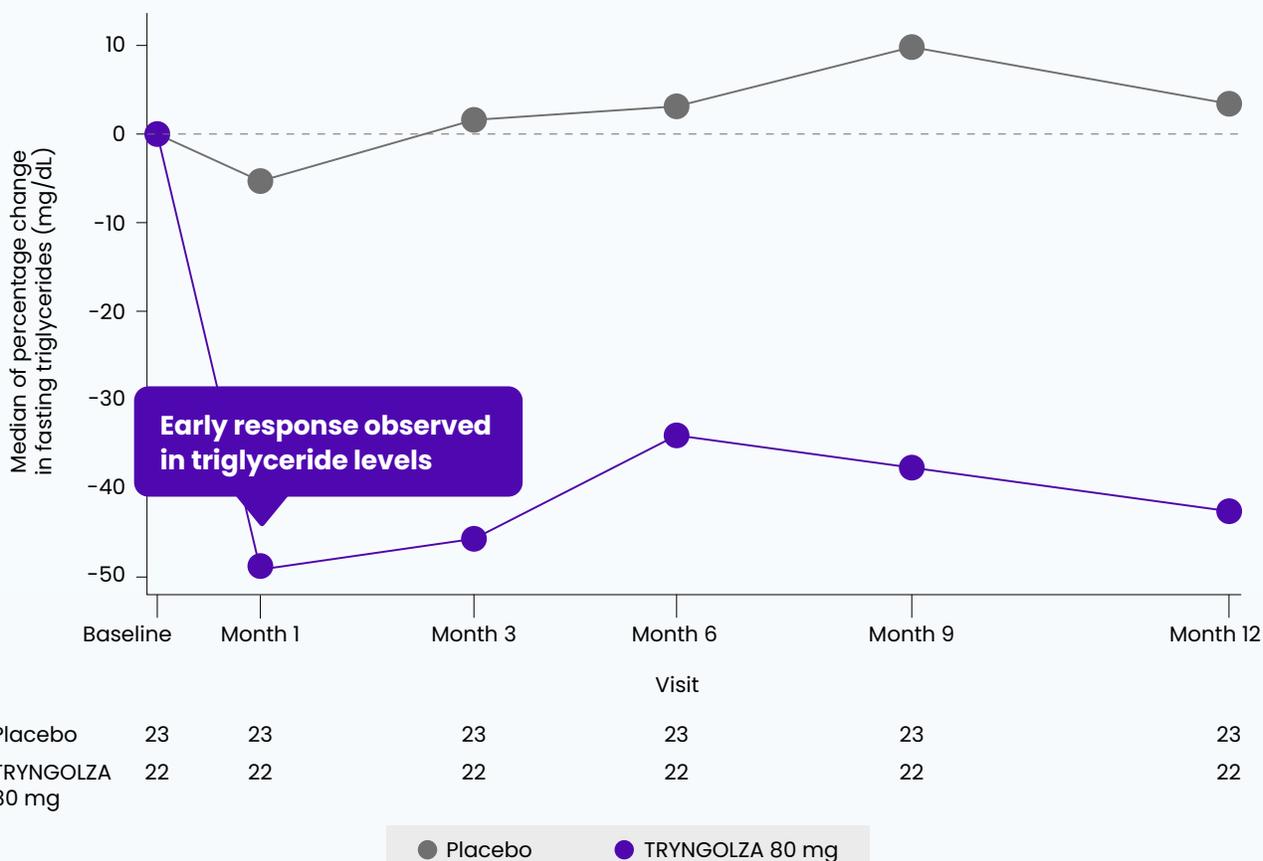
**CONTRAINDICATIONS**

TRYNGOLZA is contraindicated in patients with a history of serious hypersensitivity to TRYNGOLZA or any of the excipients in TRYNGOLZA. Hypersensitivity reactions requiring medical treatment have occurred.

**Please see Important Safety Information throughout and full [Prescribing Information](#) for TRYNGOLZA.**

# Rapid triglyceride reductions with consistent control over 1 year<sup>1</sup>

Median change in fasting triglyceride levels over 1 year<sup>1\*</sup>



\*Baseline median fasting triglyceride levels were 2303 mg/dL.<sup>1</sup>

## SELECT IMPORTANT SAFETY INFORMATION

### WARNINGS AND PRECAUTIONS

#### Hypersensitivity Reactions

Hypersensitivity reactions (including symptoms of bronchospasm, diffuse erythema, facial swelling, urticaria, chills, and myalgias) have been reported in patients treated with TRYNGOLZA. Advise patients on the signs and symptoms of hypersensitivity reactions and instruct patients to promptly seek medical attention and discontinue use of TRYNGOLZA if hypersensitivity reactions occur.

#### ADVERSE REACTIONS

Most common adverse reactions (incidence >5% of TRYNGOLZA-treated patients and >3% higher frequency than placebo) were injection site reactions, decreased platelet count, and arthralgia.

Please see Important Safety Information throughout and full [Prescribing Information for TRYNGOLZA](#).

## Changes observed in lipid/ lipoprotein parameters<sup>1</sup>

Mean LDL cholesterol levels increased but remained within normal range (ie, <70 mg/dL) for 74% of participants treated with TRYNGOLZA.<sup>1</sup>

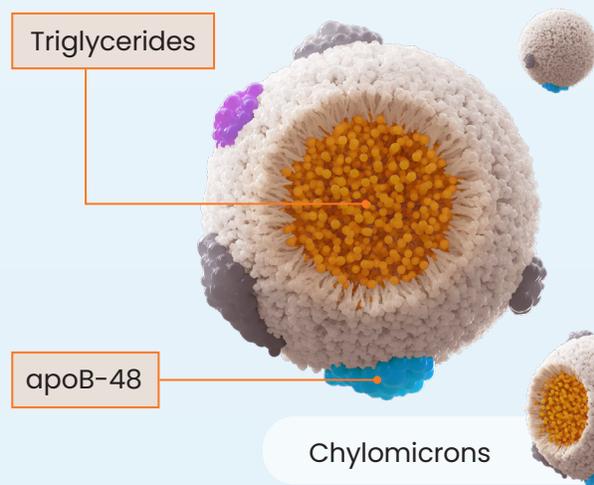
### Select secondary and additional endpoints: TRYNGOLZA vs placebo mean percent change from baseline (95% CI)<sup>1\*</sup>

Parameter (mg/dL)	Month 6
Total apoB	11.7% (-12.6 to 35.9)
apoB-48 (marker of intestinal chylomicrons <sup>13</sup> )	-75.9% (-149.8 to -2.0)
Non-HDL cholesterol	-23.4% (-45.3 to -1.5)
LDL cholesterol <sup>†</sup>	55.0% (0.7 to 109.4)



#### Reductions observed

in apoB-48 and non-HDL cholesterol continued over 1 year.<sup>15,16\*</sup>



\*Missing data were imputed using placebo washout imputation. The 95% CIs of treatment differences were calculated using a robust variance estimator.<sup>1</sup>

<sup>†</sup>Baseline LDL cholesterol levels were 22.8±14.1 mg/dL in the TRYNGOLZA arm vs 16.7±8.4 mg/dL in the placebo arm.<sup>10</sup>

apoB=apolipoprotein B; apoB-48=apolipoprotein B-48; LDL cholesterol=low-density lipoprotein cholesterol; non-HDL cholesterol=non-high-density lipoprotein cholesterol.

### SELECT IMPORTANT SAFETY INFORMATION

#### CONTRAINDICATIONS

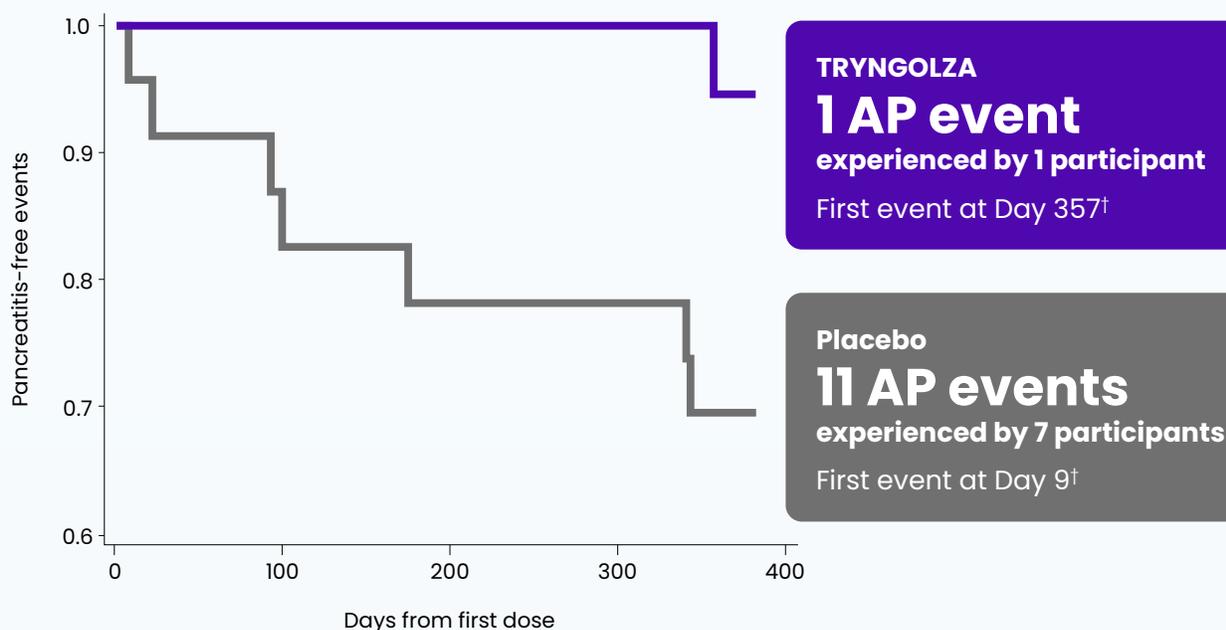
TRYNGOLZA is contraindicated in patients with a history of serious hypersensitivity to TRYNGOLZA or any of the excipients in TRYNGOLZA. Hypersensitivity reactions requiring medical treatment have occurred.

Please see Important Safety Information throughout and full [Prescribing Information for TRYNGOLZA](#).

## Lower incidence of acute pancreatitis (AP) with TRYNGOLZA<sup>1,12</sup>

The numerical incidence of AP in participants treated with TRYNGOLZA was lower compared with placebo.<sup>12</sup>

### Select secondary endpoint: AP events over 1 year<sup>1,12\*</sup>



\*Adjudication based on Atlanta classification; if serum and/or amylase activity was less than 3 times the upper limit of normal, imaging (preferably contrast-enhanced computed tomography) was considered to confirm the diagnosis of acute pancreatitis.<sup>12</sup>

†Time to first AP event was an ad hoc analysis.

## SELECT IMPORTANT SAFETY INFORMATION

### WARNINGS AND PRECAUTIONS

#### Hypersensitivity Reactions

Hypersensitivity reactions (including symptoms of bronchospasm, diffuse erythema, facial swelling, urticaria, chills, and myalgias) have been reported in patients treated with TRYNGOLZA. Advise patients on the signs and symptoms of hypersensitivity reactions and instruct patients to promptly seek medical attention and discontinue use of TRYNGOLZA if hypersensitivity reactions occur.

#### ADVERSE REACTIONS

Most common adverse reactions (incidence >5% of TRYNGOLZA-treated patients and >3% higher frequency than placebo) were injection site reactions, decreased platelet count, and arthralgia.

Please see Important Safety Information throughout and full [Prescribing Information for TRYNGOLZA](#).

## TRYNGOLZA demonstrated a well-tolerated safety profile<sup>1</sup>

Mean platelet counts remained within normal limits during the study, and no participant treated with TRYNGOLZA with FCS had a platelet count <50,000/mm<sup>3</sup>. There were no major bleeding events associated with a low platelet count.<sup>1</sup>

Adverse reactions led to discontinuation of treatment in 3 participants (7%) treated with TRYNGOLZA and 0% of patients treated with placebo. Two participants in the 80 mg TRYNGOLZA arm and 1 in the 50 mg TRYNGOLZA arm reported adverse events (diarrhea, vomiting, chest discomfort, chills, myalgia, trismus, and flushing) that led to treatment discontinuation.<sup>1,10</sup>

### Adverse reactions that occurred in >5% of participants treated with TRYNGOLZA and at >3% higher frequency than placebo<sup>1\*</sup>

	Total TRYNGOLZA (n=43)	Placebo (n=23)
Injection-site reactions	8 (19%)	2 (9%)
Decreased platelet count	5 (12%)	1 (4%)
Arthralgia	4 (9%)	0

Please see “Laboratory Tests” in the TRYNGOLZA full [Prescribing Information](#) for additional safety information.

\*The safety of TRYNGOLZA was evaluated in 66 participants with FCS enrolled in the *Balance* trial. In this trial, 43 participants received at least 1 dose of TRYNGOLZA, 50 mg (n=21) or 80 mg (n=22), and 23 participants received placebo. TRYNGOLZA 50 mg is not an approved dosing regimen for FCS.<sup>1</sup>

FCS=familial chylomicronemia syndrome.

## SELECT IMPORTANT SAFETY INFORMATION

### CONTRAINDICATIONS

TRYNGOLZA is contraindicated in patients with a history of serious hypersensitivity to TRYNGOLZA or any of the excipients in TRYNGOLZA. Hypersensitivity reactions requiring medical treatment have occurred.

Please see Important Safety Information throughout and full [Prescribing Information](#) for TRYNGOLZA.

## TRYNGOLZA is a monthly subcutaneous injection delivered via a convenient autoinjector<sup>1,17</sup>

TRYNGOLZA is self-administered once monthly into 1 of the following locations<sup>1</sup>:



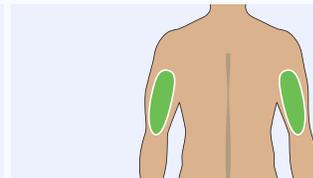
### Abdomen

Appropriate for self-injection



### Front of the thigh

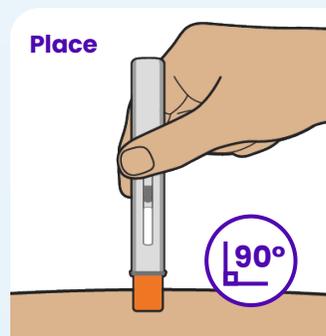
Appropriate for self-injection



### Back of the upper arm

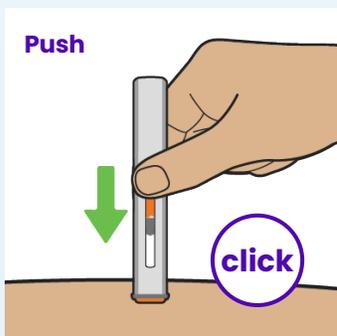
If a healthcare professional or caregiver administers the injection

## Three easy steps for injecting TRYNGOLZA<sup>1</sup>



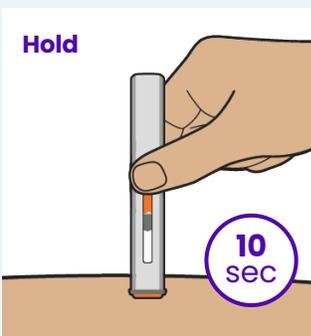
### Place

Remove the clear cap and place the orange needle shield at a 90-degree angle against the skin. **Make sure you can see the viewing window.**



### Push

Push firmly against the skin. **You may or may not hear 2 clicks. This is normal. The procedure is not finished.**



### Hold

Hold the autoinjector against the skin **and continue pressing down for 10 seconds.**



**Do not lift the autoinjector until after holding for 10 seconds and checking that the orange plunger rod has filled the entire viewing window. Remove by lifting straight up, and throw away in a sharps container.**

For additional information, please see complete Instructions for Use for TRYNGOLZA.

## SELECT IMPORTANT SAFETY INFORMATION

### WARNINGS AND PRECAUTIONS

#### Hypersensitivity Reactions

Hypersensitivity reactions (including symptoms of bronchospasm, diffuse erythema, facial swelling, urticaria, chills, and myalgias) have been reported in patients treated with TRYNGOLZA. Advise patients on the signs and symptoms of hypersensitivity reactions and instruct patients to promptly seek medical attention and discontinue use of TRYNGOLZA if hypersensitivity reactions occur.

#### ADVERSE REACTIONS

Most common adverse reactions (incidence >5% of TRYNGOLZA-treated patients and >3% higher frequency than placebo) were injection site reactions, decreased platelet count, and arthralgia.

Please see Important Safety Information throughout and full [Prescribing Information](#) for TRYNGOLZA.

## Take TRYNGOLZA on the go<sup>1</sup>

Store the TRYNGOLZA autoinjector in the refrigerator between 36 °F and 46 °F (2-8 °C) in the original carton.<sup>1</sup>



When removed from the refrigerator, the TRYNGOLZA autoinjector can be stored at **room temperature** between 59 °F and 86 °F (15-30 °C) in its original carton for **up to 6 weeks**<sup>1\*</sup>



This allows patients to administer their once-monthly dose **at home or away from home** if necessary<sup>1</sup>



<sup>1</sup>If not used within the 6 weeks stored at room temperature, discard TRYNGOLZA.<sup>1</sup>



### Missed dose<sup>1</sup>

#### If a dose is missed:

- It should be administered as soon as possible after the missed dose
- Resume dosing at monthly intervals from the date of the most recently administered dose



### Watch the TRYNGOLZA injection training video

A step-by-step instructional video explaining the self-administration process to patients with FCS, demonstrated by an Ionis Patient Education Manager.<sup>1</sup> **For full details on administration and storage, see the Instructions for Use and the injection training video on TRYNGOLZAHCP.com.**



FCS=familial chylomicronemia syndrome.

## SELECT IMPORTANT SAFETY INFORMATION

### CONTRAINDICATIONS

TRYNGOLZA is contraindicated in patients with a history of serious hypersensitivity to TRYNGOLZA or any of the excipients in TRYNGOLZA. Hypersensitivity reactions requiring medical treatment have occurred.

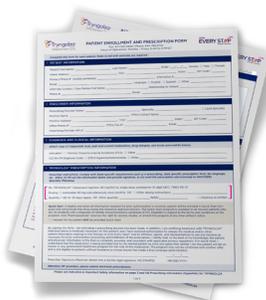
**Please see Important Safety Information throughout and full [Prescribing Information](#) for TRYNGOLZA.**

## We're by your side at Ionis Every Step™



The Ionis Every Step team has been trained on familial chylomicronemia syndrome (FCS). We understand FCS, and that is why we offer patients prescribed TRYNGOLZA:

- Personal support from a dedicated Patient Education Manager\*
- Help navigating the insurance process†
- Financial support offerings‡
- Nutritional tools and resources



**Click to download and complete** the Patient Enrollment and Prescription Form, then fax to 1-877-914-0660.



For more information about Ionis Every Step, call **1-844-789-8744 (Monday to Friday, 8 AM to 8 PM ET)**.

\*Patient Education Managers do not provide clinical recommendations and will refer patients back to their HCP as necessary.

†Insurance approval is not guaranteed. Ionis Every Step offers financial assistance programs for patients who are uninsured or denied coverage for their Ionis medication.

‡Subject to program terms, conditions, and limits.

### SELECT IMPORTANT SAFETY INFORMATION

#### WARNINGS AND PRECAUTIONS

##### Hypersensitivity Reactions

Hypersensitivity reactions (including symptoms of bronchospasm, diffuse erythema, facial swelling, urticaria, chills, and myalgias) have been reported in patients treated with TRYNGOLZA. Advise patients on the signs and symptoms of hypersensitivity reactions and instruct patients to promptly seek medical attention and discontinue use of TRYNGOLZA if hypersensitivity reactions occur.

##### ADVERSE REACTIONS

Most common adverse reactions (incidence >5% of TRYNGOLZA-treated patients and >3% higher frequency than placebo) were injection site reactions, decreased platelet count, and arthralgia.

**Please see Important Safety Information throughout and full [Prescribing Information](#) for TRYNGOLZA.**

## Ionis Every Step FCS Nutrition Program powered by NourishedRx



**Nourished**<sup>Rx</sup>

Patient Education Managers work alongside NourishedRx to provide a digital support program that offers:



FCS meal planning



Grocery guidance



Check-ins to help  
keep your patient  
motivated and  
supported long term



**Your patient can sign up for Nourished Rx by contacting their Patient Education Manager.**

To connect your patient diagnosed with FCS with an Ionis Patient Education Manager, direct them to sign up for Ionis Every Step at [TRYNGOLZA.com/enroll](https://www.tryngolza.com/enroll).

### SELECT IMPORTANT SAFETY INFORMATION CONTRAINDICATIONS

TRYNGOLZA is contraindicated in patients with a history of serious hypersensitivity to TRYNGOLZA or any of the excipients in TRYNGOLZA. Hypersensitivity reactions requiring medical treatment have occurred.

Please see Important Safety Information throughout and full [Prescribing Information](#) for TRYNGOLZA.

## Celebrate proven results and real-patient experiences with TRYNGOLZA

Approved since 2024, TRYNGOLZA is making a real impact on patient lives.<sup>1</sup>



See how TRYNGOLZA has helped reshape Aaron and Genevie's FCS journeys.  
**Watch their stories on [TRYNGOLZAHCP.com](https://www.tryngolza.com)**



### SELECT IMPORTANT SAFETY INFORMATION

#### CONTRAINDICATIONS

TRYNGOLZA is contraindicated in patients with a history of serious hypersensitivity to TRYNGOLZA or any of the excipients in TRYNGOLZA. Hypersensitivity reactions requiring medical treatment have occurred.

#### INDICATION

TRYNGOLZA (olezarsen) is indicated as an adjunct to diet to reduce triglycerides in adults with familial chylomicronemia syndrome (FCS).

Please see Important Safety Information throughout and full [Prescribing Information for TRYNGOLZA](#).

**References:** **1.** TRYNGOLZA. Prescribing information. Ionis Pharmaceuticals. **2.** Baass A, Paquette M, Bernard S, Hegele RA. Familial chylomicronemia syndrome: an under-recognized cause of severe hypertriglyceridaemia. *J Intern Med.* 2020;287(4):340-348. **3.** Davidson M, Stevenson M, Hsieh A, Ahmad Z, Crowson C, Witztum JL. The burden of familial chylomicronemia syndrome: interim results from the IN-FOCUS study. *Expert Rev Cardiovasc Ther.* 2017;15(5):415-423. **4.** Paquette M, Bernard S. The evolving story of multifactorial chylomicronemia syndrome. *Front Cardiovasc Med.* 2022;9:886266. **5.** Pallazola VA, Sajja A, Derenbecker R, et al. Prevalence of familial chylomicronemia syndrome in a quaternary care center. *Eur J Prev Cardiol.* 2020;27(19):2276-2278. **6.** Saadatagah S, Larouche M, Naderian M, et al. Recognition and management of persistent chylomicronemia: a joint expert clinical consensus by the National Lipid Association and the American Society for Preventive Cardiology. *J Clin Lipidol.* 2025;19(4):723-736. **7.** Javed F, Hegele RA, Garg A, et al. Familial chylomicronemia syndrome: an expert clinical review from the National Lipid Association. *J Clin Lipidol.* 2025;19(3):382-403. **8.** Moulin P, Dufour R, Averna M, et al. Identification and diagnosis of patients with familial chylomicronemia syndrome (FCS): expert panel recommendations and proposal of an "FCS score". *Atherosclerosis.* 2018;275:265-272. **9.** Hegele RA, Ahmad Z, Ashraf A, et al. Development and validation of clinical criteria to identify familial chylomicronemia syndrome (FCS) in North America. *J Clin Lipidol.* 2025;19(1):83-94. **10.** Stroes ESG, Alexander VJ, Karwatowska-Prokopczuk E, et al; Balance Investigators. Olezarsen, acute pancreatitis, and familial chylomicronemia syndrome. *N Engl J Med.* 2024;390(19):1781-1792. **11.** Brinton EA, Eckel RH, Gaudet D, et al. Familial chylomicronemia syndrome and treatments to target hepatic APOC3 mRNA. *Atherosclerosis.* 2025;403:119114. **12.** Stroes ESG, Alexander VJ, Karwatowska-Prokopczuk E, et al; Balance Investigators. Olezarsen, acute pancreatitis, and familial chylomicronemia syndrome. *N Engl J Med.* 2024;390(19) (supplementary appendix):1781-1792. **13.** Ginsberg HN, Packard CJ, Chapman MJ, et al. Triglyceride-rich lipoproteins and their remnants: metabolic insights, role in atherosclerotic cardiovascular disease, and emerging therapeutic strategies—a consensus statement from the European Atherosclerosis Society. *Eur Heart J.* 2021;42(47):4791-4806. **14.** Data on file. REF-01848. Ionis Pharmaceuticals; 2024. **15.** Data on file. REF-01852. Ionis Pharmaceuticals; 2024. **16.** Data on file. REF-01850. Ionis Pharmaceuticals; 2024. **17.** Data on file. Human factors assessment. Ionis Pharmaceuticals; 2024.