TRYNGOLZA® (olezarsen)

PRODUCT FACT SHEET

About TRYNGOLZA® (olezarsen)

- **TRYNGOLZA (50 mg and 80 mg) is the first and only treatment FDA-approved as an adjunct to diet to reduce triglycerides and the risk of acute pancreatitis in severe hypertriglyceridemia (sHTG).[1] TRYNGOLZA (80 mg) is also the first FDA-approved medicine as an adjunct to diet to reduce triglycerides in adults with familial chylomicronemia syndrome (FCS).[1]**
  - sHTG is defined by fasting triglyceride levels of 500 mg/dL and above and characterized by an increased risk of acute pancreatitis and atherosclerotic cardiovascular disease.[2]
  - FCS is a rare and genetic form of sHTG that prevents the body from breaking down fats and impairs the body's ability to remove triglycerides from the bloodstream due to impaired function of the enzyme lipoprotein lipase (LPL).[3]
- TRYNGOLZA is designed to lower the body's production of apoC-III, a protein produced in the liver that is a key regulator of triglyceride metabolism in the blood.[1,4]
- TRYNGOLZA is self-administered once monthly via autoinjector.[1]

Please see Important Safety Information on page 2. Please see full Prescribing Information for TRYNGOLZA, also available at TRYNGOLZA.com.

TRYNGOLZA Research at a Glance

sHTG: CORE and CORE2 Study Results

Global, multicenter, randomized, double-blind, placebo-controlled Phase 3 studies[5]

- The CORE and CORE2 studies enrolled a total of 1,061 adults with sHTG for a 53-week treatment period. Patients were required to be on background lipid-lowering therapy.[1]
- TRYNGOLZA showed rapid and consistent triglyceride control. TRYNGOLZA 80 mg and 50 mg, respectively, demonstrated an up to 72% ($p<0.0001$) and an up to 63% ($p<0.0001$) reduction in fasting triglycerides compared to placebo at Month 6, which was sustained at Month 12.[1]
- TRYNGOLZA demonstrated a statistically significant 91% (50 mg) and 76% (80 mg) reduction in acute pancreatitis events at 12 months, with a pooled reduction of 85%.[1]
- Among patients treated with TRYNGOLZA with baseline and 12-month data, 86% of patients achieved triglycerides below 500 mg/dL, a critical threshold for reducing acute pancreatitis risk.[1,5]

FCS: Balance Study Results

Global, multicenter, randomized, double-blind, placebo-controlled Phase 3 study[6]

- Balance enrolled 45 adults with genetically identified FCS, the hardest-to-treat sHTG population.[1,4]
- TRYNGOLZA 80 mg demonstrated a statistically significant placebo-adjusted mean reduction in triglyceride levels of 43% from baseline at Month 6 ($p=0.0084$).[1]
- Approximately 95% of patients were acute pancreatitis free at 12 months (select secondary endpoint).[1]

Across the clinical programs, TRYNGOLZA demonstrated a favorable safety and tolerability profile. Most common adverse reactions in patients with sHTG (incidence ≥2% higher than placebo) were injection site reactions and liver enzyme increases.[1] Most common adverse reactions in patients with FCS (incidence >5% of TRYNGOLZA-treated patients and >3% higher frequency than placebo) were injection site reactions, decreased platelet count and arthralgia.[1]

Tryngolza® (olezarsen) injection

Access to TRYNGOLZA: Ionis Every Step™

Ionis is committed to helping people access the medicines they are prescribed and will offer a full suite of services for people prescribed TRYNGOLZA through Ionis Every Step. Ionis Every Step offers personal support, including nutrition information and injection training, insurance support and financial assistance programs.

Visit TRYNGOLZA.com for more information.

INDICATIONS

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

Severe Hypertriglyceridemia (sHTG)
TRYNGOLZA is indicated as an adjunct to diet to reduce TG and the risk of acute pancreatitis in adults with severe hypertriglyceridemia (sHTG: TG ≥500 mg/dL).

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.

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.

Liver Enzyme Abnormalities
TRYNGOLZA can cause increases in liver enzymes and hepatic fat in adults. Increases in liver enzymes were more frequently reported with the 80 mg dose as compared with the 50 mg dose. Consider liver enzyme testing before TRYNGOLZA initiation or an increase in dosage and when clinically indicated thereafter. If persistent elevations in liver enzymes occur, consider dose interruption and/or dose reduction. If serious hepatic injury with clinical symptoms and/or hyperbilirubinemia or jaundice occurs, promptly discontinue TRYNGOLZA.

ADVERSE REACTIONS

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

Adverse Reactions for sHTG
Most common adverse reactions in patients with sHTG (incidence ≥2% higher than placebo) were injection site reactions and liver enzyme increases.

Please see full Prescribing Information for TRYNGOLZA, also available at TRYNGOLZA.com

References

1. TRYNGOLZA. Prescribing information. Ionis Pharmaceuticals.
2. Virani SS, Morris PB, Agarwala A, et al. 2021 ACC expert consensus decision pathway on the management of ASCVD risk reduction in patients with persistent hypertriglyceridemia. J Am Coll Cardiol. 2021;78(9):960-993.
3. Moulin P, Dufour R, Averna M, et al. Identification and diagnosis of patients with familial chylomicronaemia syndrome (FCS): Expert panel recommendations and proposal of an "FCS score". Atherosclerosis. 2018;275:265-272.
4. Chyzhyk V, Brown AS. Familial chylomicronemia syndrome: A rare but devastating autosomal recessive disorder characterized by refractory hypertriglyceridemia and recurrent pancreatitis. Trends Cardiovasc Med. 2020;30(2):80-85.
5. Marston N, Bergmark B, et al. American Heart Journal. "Design and rationale of the CORE-TIMI 72a and CORE2-TIMI 72b trials of olezarsen in patients with severe hypertriglyceridemia." 2025; 286: 125-135.
6. Stroes E, Alexander V et al. The New England Journal of Medicine. "Olezarsen, Acute Pancreatitis, and Familial Chylomicronemia Syndrome." 2024; 390(19): 1781-1792.

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Tryngolza® (olezarsen) injection