Redemplo®
(plozasiran) injection

ON YOUR MARK, GET SET, LO

Redemplo® is indicated as an adjunct to diet to reduce triglycerides in adults with Familial Chylomicronemia Syndrome (FCS).[1]

Not an actual patient.

Discover how Redemplo can make a difference for your patients with FCS[1]

80%

Median Reduction in Triglycerides*
from baseline

AP

Lowered Numerical Incidence of Acute Pancreatitis†

3 months

Convenient Dosing Every 3 Months
Self-administered

PALISADE was a randomized, placebo-controlled, double-blind trial in adult patients with FCS maintained on a low-fat diet (≤20 grams of fat per day); N=75. The primary endpoint evaluated the median percent change from baseline in fasting triglyceride levels at Month 10.

Most common adverse reactions in Redemplo-treated patients (incidence ≥10% of patients treated with Redemplo and >5% more frequently than with placebo) are hyperglycemia, headache, nausea, and injection site reaction.

*Median fasting triglycerides at baseline were 2008 mg/dL for Redemplo (n=26) and 2053 mg/dL for placebo (n=25). The difference between Redemplo and the placebo group in median percent change in fasting triglyceride levels from baseline to Month 10 was -58.7% (95% CI: -89.6, -27.9; *P*<0.0001).

†Over the 12-month treatment period, the numerical incidence of acute pancreatitis in patients treated with Redemplo was lower compared with placebo: 2 (8%) vs 5 (20%), respectively.

AP, acute pancreatitis; CI, confidence interval.

Please see Indication and Important Safety Information on the last page and full Prescribing Information for REDEMPLO.

Patients with Familial Chylomicronemia Syndrome (FCS) experience persistently elevated triglyceride levels despite standard of care[2]

FCS is an extreme form of severe hypertriglyceridemia (sHTG) caused by genetic variants that impair lipoprotein lipase activity and triglyceride metabolism leading to extremely high triglycerides that are unresponsive to traditional triglyceride-lowering treatments like fibrates.[2]

Consider FCS for your adult patients with[1-4]:

Fasting triglyceride levels ≥880 mg/dL*

and ONE of the following:

- **Recurrent episodes of acute pancreatitis not caused by alcohol or cholelithiasis**
- **Family history of HTG-induced acute pancreatitis**
- **Hospitalizations for severe abdominal pain without other explainable cause**
- **History of childhood pancreatitis**
- **Prior genetic testing diagnostic of FCS**

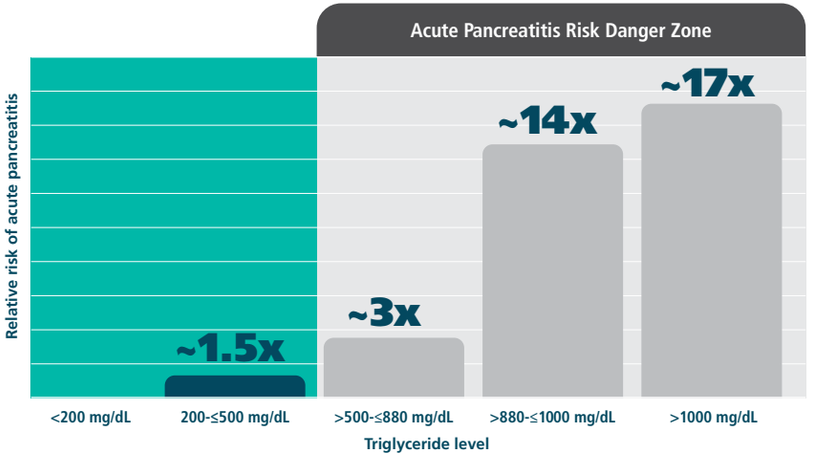
*In excess of 1000 mg/dL at least 3 times; refractory to lipid-lowering therapy.[1]
HTG, hypertriglyceridemia.

FCS is characterized by a range of clinical symptoms, including acute pancreatitis[2]

Acute pancreatitis is the most serious and potentially fatal complication of extremely high triglycerides.[2,4]

People with triglyceride levels of ≥500 mg/dL are at a high risk for acute pancreatitis[5]

ACUTE PANCREATITIS RISK



Retrospective cohort study of annualized incidence rate of acute pancreatitis. Data were obtained from IQVIA's US Ambulatory Electronic Medical Records database (N=7,119,195).[5]

Leading expert guidelines† establish triglyceride levels of <500 mg/dL as the goal to reduce risk[5,6]

Patients with FCS face a **mortality rate of 5-6%** from triglyceride-induced acute pancreatitis.[4]

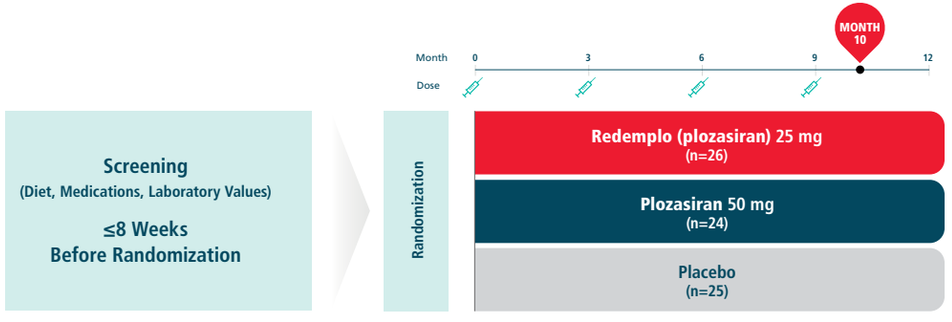
To see how Redemplo can help, visit RedemploHCP.com

†American Heart Association, American College of Cardiology, National Lipid Association, American Association of Clinical Endocrinology, and the American College of Endocrinology.[6,7]

Redemplo® is the only FDA-approved treatment studied in genetically confirmed and clinically diagnosed patients living with FCS[1,8]

The PALISADE study was a pivotal, randomized, placebo-controlled, double-blind trial in adult patients with genetically confirmed or clinically diagnosed FCS maintained on a low-fat diet (≤20 grams of fat per day), where 75 patients were randomized to receive 4 total doses of plozasiran or a matching placebo subcutaneously once every 3 months.[1]

PALISADE Study Design[1,8]



Primary endpoint[1]

- Median percent change from baseline in the fasting triglycerides level at Month 10

Multiplicity-controlled key secondary endpoints[1]

- Percent change from baseline at Months 10 and 12 (averaged) in fasting triglycerides
- Percent change from baseline at Month 10 in fasting apoC-III
- Percent change from baseline at Month 12 in fasting apoC-III
- Incidence of positively adjudicated events of acute pancreatitis during the randomized period

Plozasiran 25-mg and 50-mg doses resulted in similar triglyceride reductions. Plozasiran 50 mg is not an approved dosing regimen for FCS.[1,8]

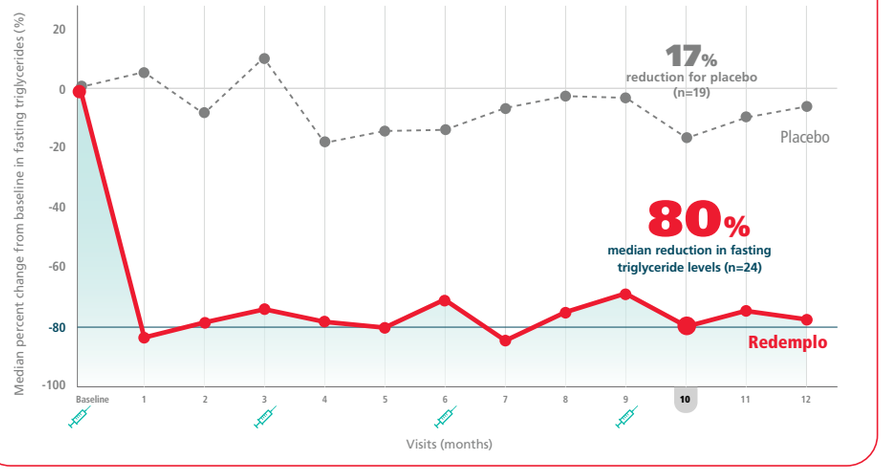
FDA, US Food and Drug Administration.

Please see Indication and Important Safety Information on the last page and full Prescribing Information for REDEMPLO.

Redemplo® offers significant and sustained triglyceride reductions[1]

Redemplo met its primary efficacy endpoint, achieving a median 80% reduction in fasting triglycerides from baseline at Month 10.

Significant and Sustained Triglyceride Reduction With Redemplo 25 mg*



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IMPORTANT SAFETY INFORMATION

CONTRAINDICATIONS: None.

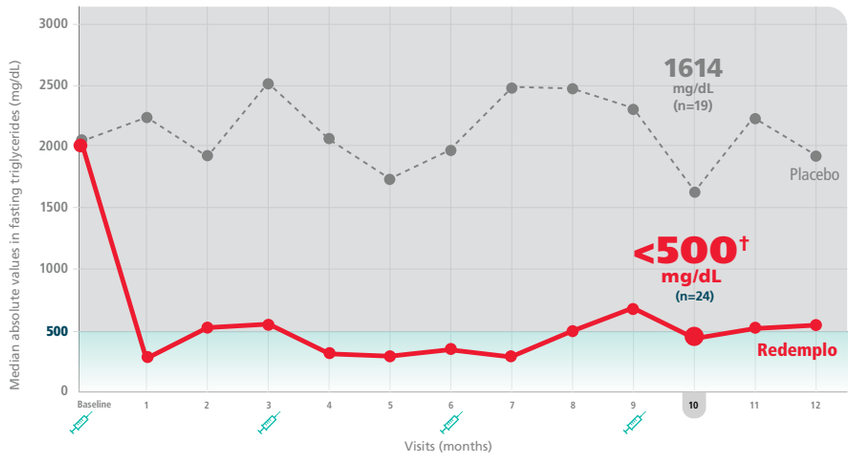
ADVERSE REACTIONS: Most common adverse reactions in REDEMPLO treated patients (incidence ≥10% of patients treated with REDEMPLO and > 5% more frequently than with placebo) are hyperglycemia, headache, nausea, and injection site reaction.

Redemplo® (plozasiran) injection

Redemplo® can help your patients GO LO

Median triglyceride levels dropped below 500 mg/dL as early as Month 1 and were generally sustained during treatment.[1]

Secondary Endpoint: Sustained Triglyceride Reduction With Redemplo® 25 mg[1,9,*]



*Median fasting triglycerides at baseline were 2008 mg/dL for Redemplo (n=26) and 2053 mg/dL for placebo (n=25). The difference between Redemplo and the placebo group in median percent change in fasting triglyceride levels from baseline to Month 10 was -58.7% (95% CI: -89.6, -27.9; *P*<0.0001).[1]
†At Month 10, Redemplo reduced median fasting triglyceride levels to 443 mg/dL.[9]

Secondary endpoint: All patients in PALISADE responded to Redemplo with triglyceride reductions.[9]

75% of patients receiving Redemplo reached **triglyceride levels below 880 mg/dL** vs 21% of patients receiving placebo at Month 10.

50% of patients receiving Redemplo reached **triglyceride levels below 500 mg/dL** vs 5% of patients receiving placebo at Month 10.

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Redemplo® demonstrated a well-tolerated safety profile[1,8]

In PALISADE, a randomized, double-blind, placebo-controlled phase 3 study of Redemplo in patients with FCS (N=75)[1]:

Adverse Reactions Occurring in ≥10% of Redemplo-Treated Patients and >5% More Frequently Than With Placebo[1]

Adverse Reactions	Placebo (n=25) n (%)	Redemplo‡ (n=50) n (%)
Hyperglycemia§	2 (8)	10 (20)
Headache	2 (8)	8 (16)
Nausea	2 (8)	7 (14)
Injection site reaction§	1 (4)	5 (10)

‡Patients were treated with either 25 mg or 50 mg of plozasiran. Plozasiran 50 mg is not an approved dosing regimen for FCS.[1]
§Grouped terms composed of several similar terms.[1]

Redemplo has no contraindications, warnings, or precautions in its FDA-approved label.[1]

Patients receiving Redemplo showed low rates of discontinuation.[1]

Adverse reactions led to discontinuation of treatment in 3 (6.0%) Redemplo-treated patients and 0% of placebo-treated patients. The reasons for Redemplo treatment discontinuation were hyperglycemia and urticaria.[1]

IMPORTANT SAFETY INFORMATION

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ADVERSE REACTIONS: Most common adverse reactions in REDEMPLO treated patients (incidence ≥10% of patients treated with REDEMPLO and > 5% more frequently than with placebo) are hyperglycemia, headache, nausea, and injection site reaction.

Redemplo® (plozasiran) injection

Efficacy that lasts—just one dose every 3 months[1]

The only triglyceride-lowering therapy for adults with FCS that offers convenient dosing just once every 3 months and sustained effects dose to dose.[1]

The dosing schedule aligns with American Association of Clinical Endocrinology recommendations for triglyceride level testing—once every 3 months, or more frequently when necessary.[1,6]

Injecting Redemplo®

Redemplo is self-administered as a single subcutaneous 25-mg injection. Your patients can choose their injection site from the following locations[10]:

Upper Arm
(when administered by a caregiver)

Thigh

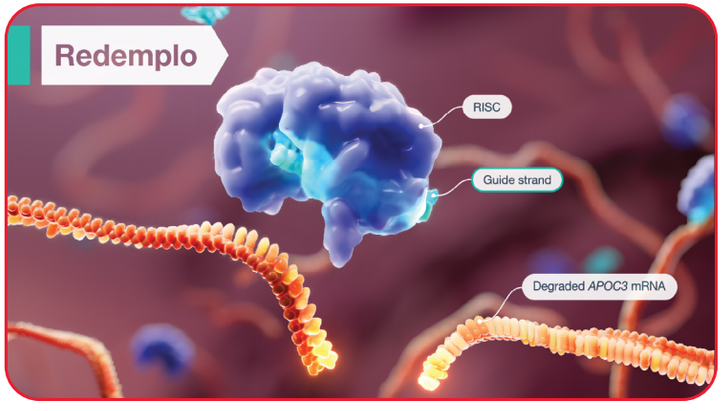
Abdomen

See how Redemplo is administered at RedemploHCP.com/dosing

Please see Indication and Important Safety Information on the last page and full Prescribing Information for REDEMPLO.

How Redemplo® can help your patients GO LO

Redemplo is the only siRNA therapy that is designed to silence the mRNA for apoC-III, an important target for reducing triglycerides in patients with FCS.[9,11,12]



Redemplo uses RNA interference to selectively degrade apoC-III mRNA in hepatocytes—this reduces hepatic and serum apoC-III protein levels, enhancing triglyceride breakdown and promoting clearance of triglyceride-rich lipoprotein remnants—ultimately lowering serum triglycerides.[9]

APOC3, apolipoprotein C-III; apoC-III, apolipoprotein C-III; mRNA, messenger RNA; RISC, RNA-induced silencing complex; RNA, ribonucleic acid; siRNA, small interfering RNA.

To see Redemplo in action, visit RedemploHCP.com/MOA

IMPORTANT SAFETY INFORMATION

CONTRAINDICATIONS: None.

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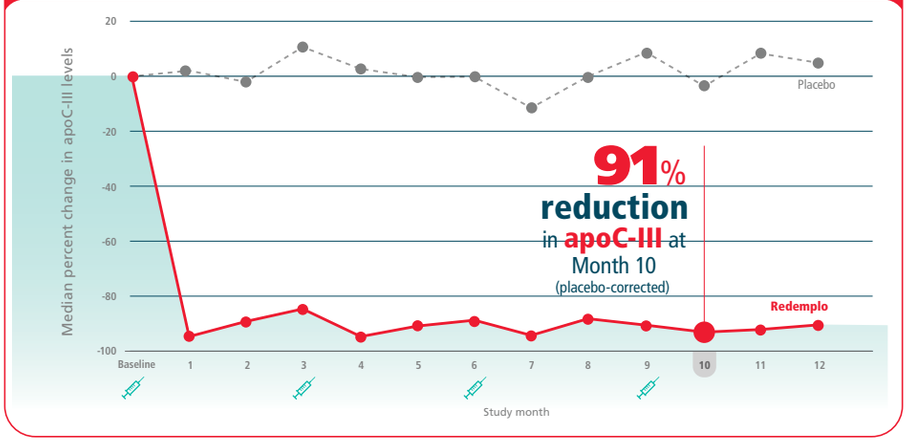
Redemplo® (plozasiran) injection

Redemplo® resulted in a rapid and sustained reduction in apoC-III levels[1]

Secondary Endpoint: apoC-III Levels Were Reduced as Early as Month 1 and Sustained Through Month 10 With Redemplo 25 mg[8]



Median apoC-III values at baseline were 39 mg/dL for Redemplo (n=26) and 39 mg/dL for placebo (n=25).[8]

By reducing apoC-III levels, Redemplo helps to lower triglyceride levels in adults with FCS.[1,9]

IMPORTANT SAFETY INFORMATION

CONTRAINDICATIONS: None.

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Redemplo® (plozasiran) injection

Please see Indication and Important Safety Information on the last page and full Prescribing Information for REDEMPLO.

Rely On Redemplo® Patient Support Program

The Rely On Redemplo Patient Support Program provides comprehensive support and resources to patients at each stage of the treatment journey.

Rely On Redemplo® Patient Support Program

Help your patients start and stay on track with the Rely On Redemplo Patient Support Program

Support services

- Care coordination
- Insurance coverage and prior authorization support
- Supplemental injection training
- Pharmacist support

Support resources

- Starter Kit delivered to patient's home
- Downloadable digital resources

Patients prescribed Redemplo® may pay as little as

$0 out of pocket (OOP) for Redemplo 25 mg with the Rely On Redemplo Copay Card*

Eligible commercially insured patients may qualify to lower their OOP costs for Redemplo.

For any questions, call 1-844-REDEMPLO (1-844-733-3675), Monday to Friday, 8 AM to 8 PM ET.

You can begin enrollment online or via fax for your patients to receive support services and resources from our Redemplo Care Coordinators. Get your patients started on their treatment journey with Redemplo.

Enroll your patients today at RedemploHCP.com/access-and-support/enrollment

*Eligibility requirements and terms and conditions apply.

INDICATION

REDEMPLO® (plozasiran) is indicated as an adjunct to diet to reduce triglycerides in adults with familial chylomicronemia syndrome (FCS).

IMPORTANT SAFETY INFORMATION

CONTRAINDICATIONS: None.

ADVERSE REACTIONS: Most common adverse reactions in REDEMPLO treated patients (incidence ≥10% of patients treated with REDEMPLO and > 5% more frequently than with placebo) are hyperglycemia, headache, nausea, and injection site reaction.

Please see full Prescribing Information for REDEMPLO.

References: 1. Redemplo. Prescribing information. Arrowhead Pharmaceuticals, Inc.; 2025. **2.** 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. **3.** Falko JM. Familial chylomicronemia syndrome: a clinical guide for endocrinologists. *Endocr Pract.* 2018;24(8):756-763. **4.** Davidson M, Stevenson M, Hsieh A, et al. The burden of familial chylomicronemia syndrome: results from the global IN-FOCUS study. *J Clin Lipidol.* 2018;12(4):898-907.e2. doi:10.1016/j.jacl.2018.04.009 **5.** Sanchez RJ, Ge W, Wei W, Ponda MP, Rosenson RS. The association of triglyceride levels with the incidence of initial and recurrent acute pancreatitis. *Lipids Health Dis.* 2021;20(1):72. doi:10.1186/s12944-021-01488-8 **6.** Handelsman Y, Jellinger PS, Guerin CK, et al. Consensus statement by the American Association of Clinical Endocrinologists and American College of Endocrinology on the management of dyslipidemia and prevention of cardiovascular disease algorithm – 2020 executive summary. *Endocr Pract.* 2020;26(10):1196-1224. **7.** Grundy SM, Stone NJ, Bailey AL, et al. 2018 AHA/ACC/AACVPR/AAPA/ABC/ACPM/ADA/AGS/APhA/ASPC/NLA/PCNA guideline on the management of blood cholesterol: executive summary: a report of the American College of Cardiology/American Heart Association Task Force on Clinical Practice Guidelines. *Circulation.* 2019;139(25):e1046-e1081. doi:10.1161/CIR.0000000000000625 **8.** Watts GF, Rosenson RS, Hegele RA, et al. Plozasiran for managing persistent chylomicronemia and pancreatitis risk. *N Engl J Med.* 2025;392(2):127-137. **9.** Data on file. Arrowhead Pharmaceuticals, Inc.; 2024. **10.** Redemplo. Instructions for use. Arrowhead Pharmaceuticals, Inc.; 2025. **11.** Gaudet D, Pall D, Watts GF, et al. Plozasiran (ARO-APOC3) for severe hypertriglyceridemia: the SHASTA-2 randomized clinical trial. *JAMA Cardiol.* 2024;9(7):620-630. doi:10.1001/jamacardio.2024.0959 **12.** Gaudet D, Clifton P, Sullivan D, et al. RNA interference therapy targeting apolipoprotein C-III in hypertriglyceridemia. *NEJM Evid.* 2023;2(12):EVIDoa2200325. doi:10.1056/EVIDoa2200325

See how your patients can GO LO with Redemplo®.
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MAT-0486-v1.0-02/2026

arrowhead pharmaceuticals