Lipoprotein Apheresis in Physician Offices & Office-Based Labs (OBLs)

What Providers Should Know About LIPOSORBER®

MYTH vs. FACT

Myth #1

Lipoprotein apheresis can only be performed in hospitals or specialized centers.

Liposorber is safely performed in physician offices and OBLs and is covered by Medicare, Medicaid, and most major private insurers.

Office-based treatment is an established model of care.

What's Required?

- **Space:** Room for the system (~10'x10'), treatment chair/bed, and staff access
- **Power:** Standard grounded medical outlet (no special installation required)
- **Plumbing:** No dialysis-level plumbing or water system needed
- **Monitoring:** Standard outpatient monitoring (BP, pulse ox, etc.)
- **Staffing:** RN or qualified HCP — no dialysis certification required
- **Support:** Comprehensive training from Kaneka's Clinical Support Team (CST)
- **No hospital build-out.** No dialysis infrastructure.

Myth #2

Running a Liposorber program requires dialysis experience or highly specialized training.

No prior dialysis or specialty apheresis experience is required.

Kaneka's dedicated CST provides:

- Comprehensive program training
- On-site education and implementation support
- Ongoing clinical and operational guidance, including a hotline

Your team can confidently integrate Liposorber into practice with structured support from day one.

Myth #3

There are no FDA-approved therapies for patients with elevated Lp(a).

Liposorber is currently the only FDA-approved medical therapy for elevated Lp(a) in patients who meet specific clinical criteria.*

- **30 years of clinical use** in the United States
- Reduces cardiac events by **72%**[1]
- **Removes apoB-containing lipoproteins**, including Lp(a)
- **Designed for patients who remain high risk** despite optimized therapy
- Indicated for FH patients with **established ASCVD****

WHY IT MATTERS

Patients with severe inherited lipid disorders, including elevated Lp(a), may continue to see disease progress despite maximal medical therapy.

Early identification and referral to advanced lipid care, including Liposorber, can:

- Reduce ongoing atherogenic burden
- Support secondary prevention strategies
- Provide an additional pathway for high-risk patients

Kaneka

For LIPOSORBER Indications for Use & other safety information, visit: ***liposorber.com/liposorber-safety-info***

* Clinically diagnosed HeFH with Lp(a) ≥60 mg/dL (or 130 nmol/L) and either documented CAD or PAD.
**See full Indications For Use: liposorber.com/liposorber-safety-info

1. Mabuchi, H et al. "Long-term efficacy of low-density lipoprotein apheresis on coronary heart disease in familial hypercholesterolemia." Hokuriku-FH-LDL-Apheresis Study Group. The American journal of cardiology vol. 82,12 (1998): 1489-95. doi:10.1016/s0002-9149(98)00692-4.

BMMKT0048