



YOUR GUIDE TO LEQVIO®

Time to target is critical in LDL-C management^{1,2}

LEQVIO® delivers early, effective and sustained LDL-C control in secondary prevention³⁻⁵

LDL-C reduction was seen as soon as Day 90 and was sustained with just two maintenance injections a year, after initial and loading dose.*³⁻⁵

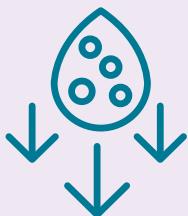
LEQVIO® is indicated in adults with primary hypercholesterolaemia (heterozygous familial and non-familial) or mixed dyslipidaemia, as an adjunct to diet.⁵

- in combination with a statin, or statin with other lipid-lowering therapies, in patients unable to reach LDL-C goals with the maximum tolerated dose of a statin, or
- alone or in combination with other lipid-lowering therapies in patients who are statin-intolerant, or for whom a statin is contraindicated

Adverse events should be reported. Reporting forms and information can be found at <http://www.mhra.gov.uk/yellowcard>. Adverse events should also be reported to Novartis online through the pharmacovigilance intake (PVI) tool at www.novartis.com/report or alternatively email medinfo.uk@novartis.com or call 01276 698370.

* The baseline mean \pm SD LDL-C levels in ORION-10 were 2.70 ± 1.02 mmol/L with LEQVIO® and 2.71 ± 0.96 mmol/L with placebo.³

What is LEQVIO®?



LEQVIO® is an HCP-administered subcutaneous injection⁵ that lowers LDL-C by **~50%** from baseline in as little as 3 months, and maintains it between **6-monthly injections*** in patients on maximally tolerated statin.³

No dose adjustments required⁵

No refrigeration required⁵

No additional blood monitoring mandated^{†5}

Can be administered during existing appointments

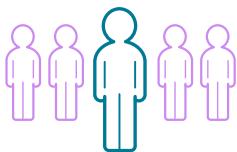
* After an initial dose, LEQVIO® is administered again at 3 months, followed by every 6 months.⁵

† Beyond what is already clinically indicated.

Why lower lipids?



Long-term exposure to persistently high LDL-C can cause ASCVD and associated CV events¹



Nearly 1 in 5
(18.3%) patients who suffer an MI experience another CV event within 1 year^{†6}



Each 1 mmol/L LDL-C reduction is associated with a 22% relative risk reduction in MACE
(RR=0.78, 95% CI: 0.76 to 0.80)^{§7}

The effect of LEQVIO® on CV morbidity and mortality has not yet been determined.⁵

‡ Based on a retrospective cohort study of patients with primary MI between July 2006 and June 2011 from Swedish national registries. The MI population consisted of 97,254 patients who were alive 1 week after discharge.⁶

§ Based on a meta-analysis of data from randomised statin trials over an average of 4.9 years (N=169,138). MACE include fatal MI or fatal stroke.⁷

LEQVIO® recommendations in the UK

LEQVIO® is recommended by NICE⁸

LEQVIO® is recommended as an option for treating primary hypercholesterolaemia (heterozygous familial and non-familial) or mixed dyslipidaemia as an adjunct to diet in adults. It is recommended only if:⁸

1 there is a history of any of the following cardiovascular events:

- acute coronary syndrome (such as myocardial infarction or unstable angina needing hospitalisation)
- coronary or other arterial revascularisation procedures
- coronary heart disease
- ischaemic stroke or
- peripheral arterial disease, and

1 low-density lipoprotein cholesterol (LDL-C) concentrations are persistently 2.6 mmol/L or more, despite maximum tolerated lipid-lowering therapy, that is:

- maximum tolerated statins with or without other lipid-lowering therapies or,
- other lipid-lowering therapies when statins are not tolerated or are contraindicated

LEQVIO® is accepted for restricted use by SMC⁹

LEQVIO® is accepted for use within NHS Scotland, within its licensed indication, for specialist use only in patients at high cardiovascular risk as follows:⁹

- Patients with **heterozygous familial hypercholesterolaemia (HeFH) and LDL-C ≥ 5.0 mmol/L for primary prevention** of cardiovascular events or,
- Patients with **HeFH and LDL-C ≥ 3.5 mmol/L for secondary prevention** of cardiovascular events or,
- Patients at high risk due to **previous cardiovascular events and LDL-C ≥ 4.0 mmol/L** or,
- Patients with **recurrent/polyvascular disease and LDL-C ≥ 3.5 mmol/L**

LEQVIO® is also accepted for use in Northern Ireland¹⁰ and recommended by the AWMSG in Wales¹¹ for the same reimbursed population as the SMC

LEQVIO® efficacy and safety data



Effective

LDL-C reduction of

52%

from baseline vs placebo in patients on maximally tolerated statin*³



Sustained

Maintained LDL-C reductions from baseline between

6-monthly

maintenance doses up to Day 540*³



Generally well tolerated

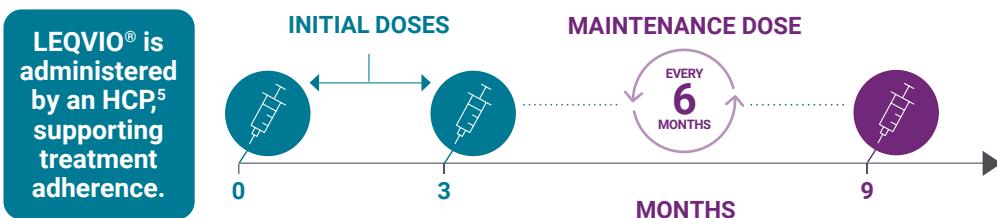
Injection site reactions (8.2%) are the only reported treatment-associated adverse reactions⁵

* In ORION-10, the baseline mean \pm SD LDL-C levels were 2.70 ± 1.02 mmol/L with LEQVIO® and 2.71 ± 0.96 mmol/L with placebo. At Month 17, LEQVIO® delivered placebo-corrected LDL-C reductions of 52.3%, as compared with baseline (-51.3% with LEQVIO® vs +1.0% with placebo; 95% CI: -55.7 to -48.8; p<0.001; co-primary endpoint), with a time-adjusted LDL-C reduction of 53.8% (-51.3% with LEQVIO® vs +2.5% with placebo; 95% CI: -56.2 to -51.3; p<0.001) from baseline between Months 3 and 18 relative to placebo (co-primary endpoint).³

LEQVIO® dosing and administration

Subcutaneous administration of LEQVIO®⁵

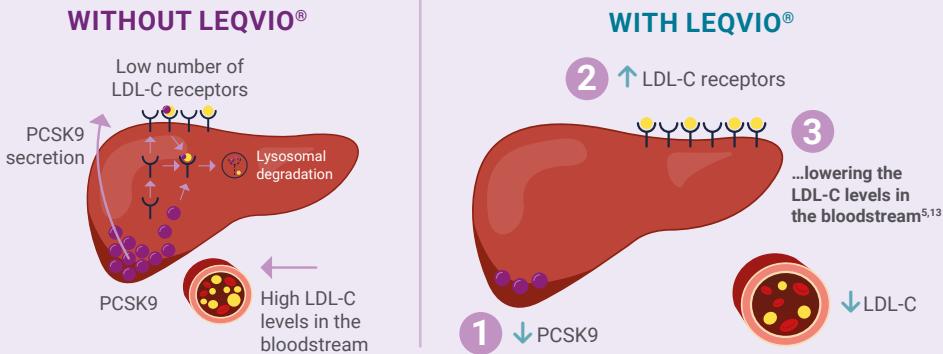
The recommended dose of LEQVIO® is 284 mg administered as a single subcutaneous injection: initially, again at 3 months, followed by every 6 months.⁵



For full information on LEQVIO® dosing and administration, please refer to the SmPC.

Mechanism of action

- 1 LEQVIO® works differently from other lipid-lowering therapies by preventing the production of PCSK9 in the liver^{5,12,13}



What makes LEQVIO® innovative?

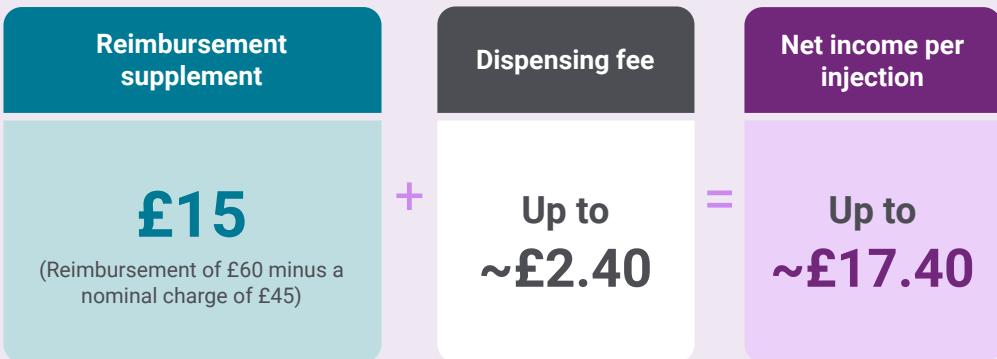
Instead of blocking circulating PCSK9, LEQVIO®, as an siRNA therapy, interferes with the RNA that codes for this protein, reducing its production in the first place^{5,13}

LEQVIO® commercial agreement (England only)

The LEQVIO® commercial agreement supports implementation in general practice¹⁴

The enhanced NHS England Commercial Agreement for LEQVIO®:¹⁴

- **Reimbursement supplement of £15** to support LEQVIO® implementation
- **No discount deductions** ('clawback')
- **Net income of up to ~£17.40 per injection** for general practice providers



What does the commercial agreement mean for secondary care?

LEQVIO® is fully reimbursed by NHS England, with no impact on secondary care budgets:¹⁴

- Full reimbursement will depend on the provision of accurate data submitted through existing systems¹⁴

Make LEQVIO® your first-choice post statins to reduce LDL-C in secondary prevention patients with an LDL-C ≥ 2.6 mmol/L

The effect of LEQVIO® on CV morbidity and mortality has not yet been determined.⁵

Notes

ASCVD – atherosclerotic cardiovascular disease; AWMG – All Wales Medicines Strategy Group; CI – confidence interval; CV – cardiovascular; HCP – healthcare professional; LDL-C – low-density lipoprotein cholesterol; MACE – major adverse cardiovascular events; MI – myocardial infarction; NICE – National Institute for Health and Care Excellence; PCSK9 – proprotein convertase subtilisin/kexin type 9; RNA – ribonucleic acid; RR – relative risk; SD – standard deviation; siRNA – small interfering ribonucleic acid; SMC – Scottish Medicines Consortium; SmPC – Summary of Product Characteristics

References: **1.** Ference B et al. *Eur Heart J* 2017;38:2459-2472; **2.** Schubert J et al. *Eur Heart J* 2024;45:4204-4215; **3.** Ray KK et al. *N Engl J Med* 2020;382:1507-1519; **4.** Wright RS et al. *Cardiovasc Res* 2024;120:1400-1410; **5.** LEQVIO® Summary of Product Characteristics; **6.** Jernberg T et al. *Eur Heart J* 2015;36:1163-1170; **7.** Cholesterol Treatment Trialists' (CTT) Collaboration. *Lancet* 2010;376:1670-1681; **8.** NICE. <https://www.nice.org.uk/guidance/ta733> [Accessed December 2025]; **9.** SMC. <https://scottishmedicines.org.uk/medicines-advice/inclisiran-leqvio-full-smc2358/> [Accessed December 2025]; **10.** NI Formulary. <https://nifformulary.hscni.net/managed-entry/managed-entry-decisions/> [Accessed December 2025]; **11.** NHS Wales. <https://awttc.nhs.wales/files/appraisals-asar-far/final-recommendation-inclisiran-leqvio-3746/> [Accessed December 2025]; **12.** Lamb YN. *Drugs* 2021;81:389-395; **13.** Nordenstaad BG et al. *Nat Rev Cardiol* 2018;15:261-272; **14.** NHS England. www.england.nhs.uk/long-read/funding-supply/inclisiran-leqvio [Accessed December 2025]

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