



## YOUR GUIDE TO LEQVIO®

Time to target is critical in LDL-C management<sup>1,2</sup>

**LEQVIO® delivers early, effective  
and sustained LDL-C control in  
secondary prevention<sup>3-5</sup>**

**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.\*<sup>3-5</sup>**

**LEQVIO® is indicated** in adults with primary hypercholesterolaemia (heterozygous familial and non-familial) or mixed dyslipidaemia, as an adjunct to diet:<sup>5</sup>

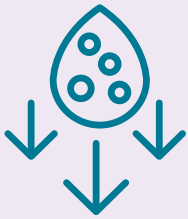
- > in combination with a statin, or statin with other lipid-lowering therapies, in patients unable to reach LDL-C goals with the maximum tolerated dose of a statin, or
- > alone or in combination with other lipid-lowering therapies in patients who are statin-intolerant, or for whom a statin is contraindicated

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](http://www.novartis.com/report) or alternatively email [medinfo.uk@novartis.com](mailto:medinfo.uk@novartis.com) or call 01276 698370.

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

 **NOVARTIS**

# What is LEQVIO®?



LEQVIO® is an HCP-administered subcutaneous injection<sup>5</sup> 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.<sup>3</sup>

**No dose adjustments required<sup>5</sup>**

**No refrigeration required<sup>5</sup>**

**No additional blood monitoring mandated<sup>†5</sup>**

**Can be administered during existing appointments**

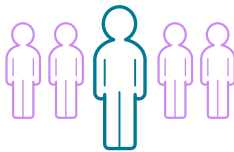
\* After an initial dose, LEQVIO® is administered again at 3 months, followed by every 6 months.<sup>5</sup>

† Beyond what is already clinically indicated.

## Why lower lipids?



**Long-term exposure to persistently high LDL-C can cause ASCVD and associated CV events<sup>1</sup>**



**Nearly 1 in 5** (18.3%) patients who suffer an MI experience another CV event within 1 year<sup>†6</sup>



**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)<sup>§7</sup>

**The effect of LEQVIO® on CV morbidity and mortality has not yet been determined.<sup>5</sup>**

† 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.<sup>6</sup>

§ 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.<sup>7</sup>

# LEQVIO<sup>®</sup> recommendations in the UK

## LEQVIO<sup>®</sup> is recommended by NICE<sup>8</sup>

LEQVIO<sup>®</sup> 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:<sup>8</sup>

- 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<sup>®</sup> is accepted for restricted use by SMC<sup>9</sup>

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

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

**LEQVIO<sup>®</sup> is also accepted for use in Northern Ireland<sup>10</sup> and recommended by the AWMSG in Wales<sup>11</sup> 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\*<sup>3</sup>



## Sustained

Maintained LDL-C reductions from baseline between

**6-monthly**

maintenance doses up to Day 540\*<sup>3</sup>



## Generally well tolerated

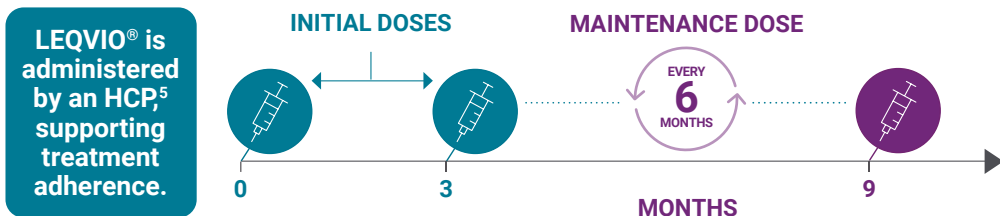
Injection site reactions (8.2%) are the only reported treatment-associated adverse reactions<sup>5</sup>

\* In ORION-10, the baseline mean  $\pm$  SD LDL-C levels were  $2.70 \pm 1.02$  mmol/L with LEQVIO® and  $2.71 \pm 0.96$  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).<sup>3</sup>

# LEQVIO<sup>®</sup> dosing and administration

## Subcutaneous administration of LEQVIO<sup>®</sup><sup>5</sup>

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

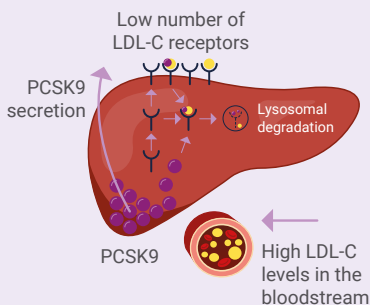


For full information on LEQVIO<sup>®</sup> dosing and administration, please refer to the SmPC.

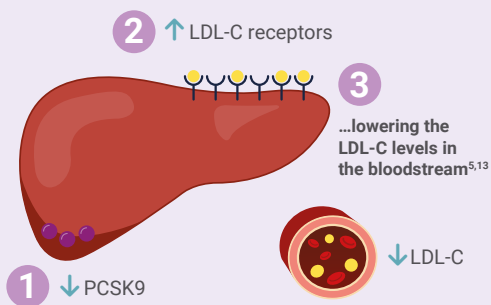
## Mechanism of action

- 1 LEQVIO<sup>®</sup> **works differently from other lipid-lowering therapies** by preventing the production of PCSK9 in the liver<sup>5,12,13</sup>

### WITHOUT LEQVIO<sup>®</sup>



### WITH LEQVIO<sup>®</sup>



## What makes LEQVIO<sup>®</sup> innovative?

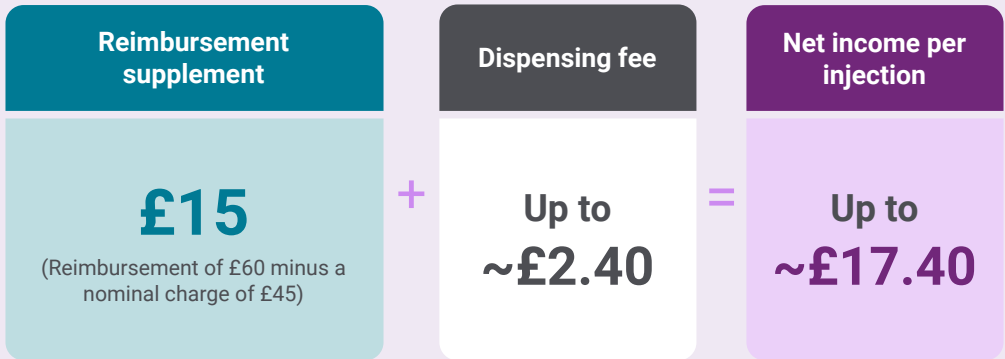
Instead of blocking circulating PCSK9, LEQVIO<sup>®</sup>, as an siRNA therapy, interferes with the RNA that codes for this protein, reducing its production in the first place<sup>5,13</sup>

# LEQVIO<sup>®</sup> commercial agreement (England only)

## The LEQVIO<sup>®</sup> commercial agreement supports implementation in general practice<sup>14</sup>

The enhanced NHS England Commercial Agreement for LEQVIO<sup>®</sup>:<sup>14</sup>

- **Reimbursement supplement of £15** to support LEQVIO<sup>®</sup> 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<sup>®</sup> is fully reimbursed by NHS England, with no impact on secondary care budgets:<sup>14</sup>

- Full reimbursement will depend on the provision of accurate data submitted through existing systems<sup>14</sup>

**Make LEQVIO<sup>®</sup> your first-choice post statins to reduce LDL-C in secondary prevention patients with an LDL-C  $\geq 2.6$  mmol/L**

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

# Notes

ASCVD – atherosclerotic cardiovascular disease; AWMMSG – 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://niformulary.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.** Nordestgaard BG et al. *Nat Rev Cardiol* 2018;15:261-272; **14.** NHS England. [www.england.nhs.uk/long-read/funding-supply-inclisiran-leqvio](http://www.england.nhs.uk/long-read/funding-supply-inclisiran-leqvio) [Accessed December 2025]

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