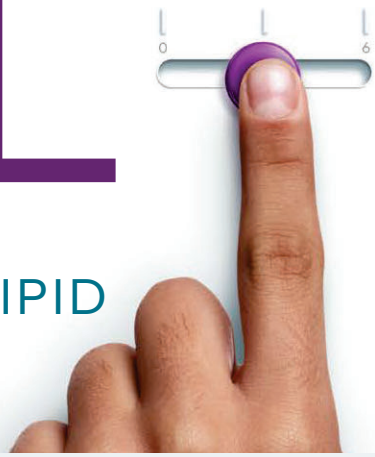
LEQVIO®
inclisiran

LEQVIO AND LDL-C



TIME TO TAKE CONTROL[†‡] OF LIPID MANAGEMENT

LEQVIO OFFERS

2x

Twice-yearly dosing[†1]

[†]HCP-administered injection initially and at 3 months, then 6-monthly thereafter[1]

WITH LEQVIO

More than 4 in 5 patients achieved LDL-C target (<1.8 mmol/L) on a background of maximally tolerated statin ± ezetimibe[‡2,3]

[‡]86.8% of LEQVIO-treated patients achieved LDL-C <1.8 mmol/L at any post-baseline visit[a2]

6:30PM, for a 7:00PM Start; 9:00PM End AEST

Tuesday, 23rd April 2024

Pullman International
17 Abbott Street
Cairns QLD 4870

Dr Gregory Starmer
Cardiologist

NOVARTIS

Secure your spot now.

Register your attendance today!

Agenda

Time	Session
6:30 PM	Arrival and registration
7:00 PM	Welcome and opening comments
7:10 PM	Targeting LDL-C – every mmol counts
7:30 PM	Introducing LEQVIO
7:50 PM	LEQVIO in clinical practice
8:10 PM	Summary
8:30 PM	Q&A
9:00 PM	Close

After this meeting, attendees will be able to:

- Recognise the importance of LDL-C in atherosclerotic cardiovascular disease (ASCVD)
- Discuss the benefits of LEQVIO for both patients and HCPs
- Identify patients suitable for LEQVIO in clinical practice
- Implement the shared-care management of patients prescribed LEQVIO

For any questions please contact Jayne Owen on 0449 564 635 or jayne.owen@novartis.com

In patients exposed to LEQVIO (n=1,833) or placebo (n=1,822) for up to 18 months, the incidence of TEAEs was similar between treatment groups except for injection site reactions (8.2% LEQVIO vs 1.8% placebo), which were mild or moderate in severity, transient and resolved without sequelae, and bronchitis (4.3% vs 2.7%).[a1,2]

[a]Pooled patient-level analysis of ORION-9, -10 and -11 phase 3 trials of LEQVIO vs placebo in 3,660 adult patients with HeFH, ASCVD or ASCVD risk equivalents (T2DM, FH and 10-year risk of a CV event >20% as assessed by Framingham risk score) and elevated LDL-C, on a background of maximally tolerated statin (unless intolerant or contraindicated) ± ezetimibe. Co-primary endpoints: placebo-corrected reduction from baseline in LDL-C at Day 510 (17 months) of 50.7% (95% CI -52.9, -48.4; p<0.0001); placebo-corrected time-adjusted reduction in LDL-C from baseline between Day 90 (3 months) and Day 540 (18 months) of 50.5% (95% CI -52.1, -48.9; p<0.0001).[2]

ASCVD, atherosclerotic cardiovascular disease; CV, cardiovascular; FH, familial hypercholesterolaemia; HCP, healthcare professional; HeFH, heterozygous familial hypercholesterolaemia; LDL-C, low-density lipoprotein cholesterol; T2DM, type 2 diabetes mellitus; TEAE, treatment-emergent adverse event.

References: 1. LEQVIO Australian approved Product Information. **2**. Wright RS et al. J Am Coll Cardiol. 2021; 77: 1182–1193. **3.** Chew DP et al. Heart Lung Circ 2016; 25: 895–951.

PBS Information: This product is not listed on the PBS.

▼ This medicinal product is subject to additional monitoring in Australia. This will allow quick identification of new safety information. Healthcare professionals are asked to report any suspected adverse events at www.tga.gov.au/reporting-problems.

For healthcare professionals only.
Please review Product Information before prescribing.
Scan QR code for full LEQVIO Product Information.

Alternatively, please contact med info on 1800 671 203 or visit www.novartis.com.au/products/healthcare-professionals to access the full Product Information.

PLEQ1021

In accordance with the Code of Conduct for the prescription medicine industry in Australia, any costs (for example travel or meals) incurred by a partner/spouse, guest or family member travelling with a healthcare professional must not be paid for or subsidised by the company.

This content is intended for Australian healthcare professionals.

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