

Novartis new analysis further showed durable and potent LDL-C reduction with inclisiran, an investigational first-in-class siRNA cholesterol-lowering treatment

Mar 28, 2020

- - Prespecified analysis of pooled data from ORION-9, -10 and -11 Phase III clinical trials showed inclisiran reduced low-density lipoprotein-cholesterol (LDL-C) by 51% at 17 months(1)
- - Prespecified exploratory analysis based on safety reporting from the three trials, showed fewer major adverse cardiovascular events (MACE) with inclisiran compared to placebo(1)
- - The data are consistent with LDL-C lowering as a strong surrogate for improved patient cardiovascular outcomes(2) and reaffirms rationale for the ongoing ORION-4 trial

EAST HANOVER, N.J., March 28, 2020 /PRNewswire/ -- Novartis today announced results from a prespecified analysis of pooled data from three Phase III studies evaluating the safety and efficacy of inclisiran, its first-in-class investigational treatment for hyperlipidemia in adults. The data was presented during a Late Breaker session at the American College of Cardiology's Annual Scientific Session Together with World Congress of Cardiology (ACC.20/WCC Virtual). The pooled analysis of the ORION-9, -10 and -11 Phase III trials showed a durable and potent reduction in LDL-C of 51% when used in addition to other lipid-lowering therapies (LLT) over 17 months of treatment¹. The prespecified analysis of pooled data is consistent with the efficacy and safety findings of the individual Phase III trial results recently published in The New England Journal of Medicine.

Additionally, a prespecified exploratory analysis using the safety reporting from all three trials indicated fewer MACE with inclisiran compared to placebo (7.1%, 9.4% respectively)¹. The overall safety and tolerability profile was generally similar between the inclisiran and placebo groups. While these preliminary observations are based on a low number of events, they are consistent with the general concept that however LDL-C is lowered, it is thought to result in reduced risk of future cardiovascular events². This further supports the research currently underway in the Phase III ORION-4 trial. The ORION-4 trial aims to recruit 15,000 participants – from 150 sites in the United States and the United Kingdom – with pre-existing atherosclerotic cardiovascular disease (ASCVD) and who are unable to achieve LDL-C goal. Expected to finish in 2024, this trial will bring additional information on inclisiran's effects on cardiovascular outcomes.

"There remains a compelling need for new and novel LDL-C-lowering therapies given the residual risk faced by many patients with atherosclerotic cardiovascular disease and the inability of oral lipid-lowering therapy alone to achieve important LDL targets," said ORION-10 principal investigator R. Scott Wright, M.D., Professor of Medicine, Consultant in Cardiology, Mayo Clinic in Rochester, Minnesota. "Inclisiran harnesses the body's natural mechanisms for RNA silencing and lowers LDL-C. This analysis confirmed that twice-yearly dosing of inclisiran achieved durable and potent reductions in LDL-C in the phase III studies."

"After decades of declining cardiovascular disease mortality, it is on the rise again, renewing the urgency behind our longstanding commitment to and extensive experience in this space," said David Platt, M.D., Vice President, US Clinical Development and Medical Affairs, Cardiovascular, Renal & Metabolism Medical Unit,

Novartis Pharmaceuticals. "We are excited by the results we have seen to date with inclisiran, and we look forward to the potential opportunity to make the first and only LDL-C-lowering treatment in the small interfering RNA (siRNA) class available to patients with ASCVD and familial hypercholesterolemia."

Inclisiran is currently under review by the U.S. Food and Drug Administration (FDA) and European Medicines Agency (EMA) for use in adults with ASCVD or heterozygous familial hypercholesterolemia (HeFH) who have elevated LDL-C while being on a maximum tolerated dose of a LLT. Inclisiran was administered subcutaneously with an initial dose, again at 3 months and then every 6 months, offering a unique dosing regimen. If approved, inclisiran will be the first and only LDL-C-lowering treatment in the siRNA class.

Hyperlipidemia refers to the high level of lipids (fats, cholesterol, triglycerides), such as LDL-C, found in the blood that are either acquired or from genetic disorders³. LDL-C is the most readily modifiable risk factor for ASCVD⁴⁻⁹. Despite the widespread use of therapies to reduce LDL-C, the majority of patients do not reach guideline-recommended treatment goals, leaving them at continued risk of a life-threatening condition¹⁰.

About the pooled analysis

The pooled analysis includes data from inclisiran's ORION-9, -10 and -11 trials, which are multicenter, double-blind, randomized, placebo-controlled,18-month studies evaluating inclisiran in patients with heterozygous familial hypercholesterolemia (ORION-9), ASCVD (ORION-10) and ASCVD or ASCVD risk equivalents (ORION-11). The primary endpoints for these studies were percentage change in LDL-C from baseline to 17 months and time-adjusted percentage change in LDL-C from baseline between 3 months and up to 18 months. The primary endpoints were achieved in all three studies. The prespecified analysis of pooled data assessed inclisiran's efficacy for lowering of LDL-C and other lipids/lipoproteins, as well as safety and tolerability, across these studies ¹.

In the prespecified analysis of pooled data, inclisiran resulted in placebo-adjusted LDL-C reduction at 17 months of 51% and a time-adjusted placebo-adjusted percentage reduction in LDL-C between 3 and 18 months of 51%. In a prespecified exploratory safety analysis, MACE were significantly lower with inclisiran versus placebo (7.1%, 9.4% respectively); measures included non-fatal myocardial infarction (5.2%, 7.8%), stroke (0.9%, 1.0%), cardiovascular death (0.9%, 0.8%) and resuscitated cardiac arrest (0.2%, 0.1%). The overall safety and tolerability profile was generally similar between inclisiran and placebo groups. No differences in adverse outcomes were observed between groups¹.

About inclisiran

Inclisiran, an investigational cholesterol-lowering treatment, was added to the pipeline from the Novartis acquisition of The Medicines Company. Inclisiran will potentially be the first and only LDL-C lowering siRNA treatment. It is intended to be administered by a healthcare professional by subcutaneous injection with an initial dose, again at 3 months and then every 6 months thereafter. Its twice-yearly dosing by subcutaneous injection may integrate seamlessly into a patient's healthcare routine. As a siRNA, inclisiran is thought to harness the body's natural process of clearing LDL-C from the bloodstream. Inclisiran is a double-stranded siRNA, conjugated on the sense strand with triantennary N-acetylgalactosamine (GalNAc) to facilitate uptake by hepatocytes. In hepatocytes, inclisiran increases LDL-C receptor recycling and expression on the hepatocyte cell surface, thereby increasing LDL-C uptake by hepatocytes and lowering LDL-C levels in the circulation. Data from each of the Phase III studies was recently published online, ahead of print, in The New England Journal of Medicine 11,12. A cardiovascular outcomes trial, ORION-4, is ongoing.

In the Phase III studies, inclisiran was reported to be well-tolerated with a safety profile similar to placebo. The most common adverse reactions reported (≥3% of patients treated with inclisiran and occurring more frequently than placebo) were, diabetes mellitus, hypertension, nasopharyngitis, arthralgia, back pain, dyspnea, bronchitis and upper respiratory tract infections developed at the injection site were more

frequent with inclisiran than placebo and were generally mild and none were severe or persistent 11,12.

Novartis has obtained global rights to develop, manufacture and commercialize inclisiran under a license and collaboration agreement with Alnylam Pharmaceuticals.

About Novartis in Cardiovascular-Renal-Metabolism

Bending the curve of life requires addressing some of society's biggest public health concerns. Novartis has an established and expanding presence in diseases covering the heart, kidney and metabolic system. In addition to essential treatment Entresto® (sacubitril/valsartan), Novartis has a growing pipeline of potentially first-inclass molecules addressing cardiovascular, metabolic and renal diseases.

Disclaimer

This press release contains forward-looking statements within the meaning of the United States Private Securities Litigation Reform Act of 1995. Forward-looking statements can generally be identified by words such as "potential." "can." "will." "plan." "may." "could." "would." "expect." "anticipate." "seek," "look forward." "believe," "committed," "investigational," "pipeline," "launch," or similar terms, or by express or implied discussions regarding potential marketing approvals, new indications or labeling for the investigational or approved products described in this press release, or regarding potential future revenues from such products. You should not place undue reliance on these statements. Such forward-looking statements are based on our current beliefs and expectations regarding future events, and are subject to significant known and unknown risks and uncertainties. Should one or more of these risks or uncertainties materialize, or should underlying assumptions prove incorrect, actual results may vary materially from those set forth in the forward-looking statements. There can be no guarantee that the investigational or approved products described in this press release will be submitted or approved for sale or for any additional indications or labeling in any market, or at any particular time. Nor can there be any guarantee that such products will be commercially successful in the future. In particular, our expectations regarding such products could be affected by, among other things, the uncertainties inherent in research and development, including clinical trial results and additional analysis of existing clinical data; regulatory actions or delays or government regulation generally; global trends toward health care cost containment, including government, payor and general public pricing and reimbursement pressures and requirements for increased pricing transparency; our ability to obtain or maintain proprietary intellectual property protection; the particular prescribing preferences of physicians and patients; general political, economic and business conditions, including the effects of and efforts to mitigate pandemic diseases such as COVID-19; safety, quality, data integrity or manufacturing issues; potential or actual data security and data privacy breaches, or disruptions of our information technology systems, and other risks and factors referred to in Novartis AG's current Form 20-F on file with the US Securities and Exchange Commission. Novartis is providing the information in this press release as of this date and does not undertake any obligation to update any forward-looking statements contained in this press release as a result of new information, future events or otherwise.

About Novartis

Located in East Hanover, NJ Novartis Pharmaceuticals Corporation – an affiliate of Novartis – is reimagining medicine to improve and extend people's lives. As a leading global medicines company, we use innovative science and digital technologies to create transformative treatments in areas of great medical need. In our quest to find new medicines, we consistently rank among the world's top companies investing in research and development. Novartis employs about 15,000 people in the United States. For more information, please visit http://www.novartis.us.

Novartis is on Twitter. Sign up to follow @Novartis at http://twitter.com/novartisnews
For Novartis multimedia content, please visit www.novartis.com/news/media-library
For questions about the site or required registration, please contact media.relations@novartis.com

References

- 1. R. Scott Wright, ORION, A pooled analysis of Phase III studies of inclisiran. Data presented at ACC's Scientific Session Together with World Congress of Cardiology, March 28-30.
- 2. 2019 ESC/EAS Guidelines for the management of dyslipidaemias: lipid modification to reduce cardiovascular risk. European Heart Journal. 2020;41:111-188.
- 3. Society for Vascular Surgery. Hyperlipidemia. Accessed Jan 28, 2019. Available at https://vascular.org/patient-resources/vascular-conditions/hyperlipidemia.
- 4. Goldstein J, Brown M. A century of cholesterol and coronaries: from plaques to genes to statins. Cell. 2015;161(1): 161–172.
- 5. Skålén K, Gustafsson M, Rydberg E, et al. Subendothelial retention of atherogenic lipoproteins in early atherosclerosis. Nature. 2002;417(6890):750-4.
- 6. Tabas I, Williams K, Borén J. Subendothelial lipoprotein retention as the initiating process in atherosclerosis: update and therapeutic implications. Circulation. 2007;116(16);1832-1844.
- 7. Nordestgaard B, Chapman M, Humphries S, et al. Familial hypercholesterolaemia is underdiagnosed and undertreated in the general population: guidance for clinicians to prevent coronary heart disease:

 Consensus Statement of the European Atherosclerosis Society. Eur Heart J. 2013;34(45):3478–3490.
- 8. Cuchel M, Bruckert E, Ginsberg H, et al. Homozygous familial hypercholesterolaemia: new insights and guidance for clinicians to improve detection and clinical management. A position paper from the Consensus Panel on Familial Hypercholesterolaemia of the European Atherosclerosis Society. Eur Heart J. 2014;35(32):2146–2157.
- 9. Ference B, Graham I, Tokgozoglu L, Catapano A. Impact of Lipids on Cardiovascular Health: JACC Health Promotion Series. J Am Coll Cardiol. 2018;72(10):1141-56.
- 10. Wong ND, Young D, Zhao Y, et al. Prevalence of the American College of Cardiology/American Heart Association statin eligibility groups, statin use, and low-density lipoprotein cholesterol control in US adults using the National Health and Nutrition Examination Survey 2011-2012. J Clin Lipidol. 2016;10(5):1109–1118
- 11. Ray K, Wright R, Kallend D, et al. Two Phase 3 Trials of Inclisiran in Patients with Elevated LDL Cholesterol [published online ahead of print March 18, 2020]. N. Engl. J. Med., doi: 10.1056/NEJMoa1912387.
- 12. Raal, F, Kallend D, Ray K, et al. Inclisiran for Heterozygous Familial Hypercholesterolemia [published online ahead of print March 18, 2020]. N. Engl. J. Med., doi: 10.1056/NEJMoa1913805.

Novartis Media Relations

E-mail: media.relations@novartis.com

Eric Althoff

Jamie Bennett

Head, US Corp & Country External Comms, Global Media & Corp Communications

Director, US Media Relations

+1 646 438 4335

+1 862 217 3976

eric.althoff@novartis.com

jamie.bennett@novartis.com

Novartis Investor Relations

E-mail: investor.relations@novartis.com

Sloan Simpson +1 862 778 5052

Cory Twining +1 862 778 3258

SOURCE Novartis Pharmaceuticals Corporation

Source URL: https://prod1.novartis.com/us-en/news/media-releases/novartis-new-analysis-further-showed-durable-and-potent-ldl-c-reduction-inclisiran-investigational-first-class-sirna-cholesterol-lowering-treatment

List of links present in page

- https://prod1.novartis.com/us-en/us-en/news/media-releases/novartis-new-analysis-further-showeddurable-and-potent-ldl-c-reduction-inclisiran-investigational-first-class-sirna-cholesterol-loweringtreatment
- 2. https://c212.net/c/link/?t=0&l=en&o=2763289-1&h=2299585573&u=http%3A//www.novartis.us/&a=http%3A//www.novartis.us
- 3. https://c212.net/c/link/?t=0&l=en&o=2763289-1&h=704460364&u=http%3A//twitter.com/novartisnews&a=http%3A//twitter.com/novartisnews
- https://c212.net/c/link/?t=0&l=en&o=2763289-1&h=179055574&u=http%3A//www.novartis.com/news/media-library&a=www.novartis.com/news/media-library
- 5. mailto:media.relations@novartis.com
- 6. https://vascular.org/patient-resources/vascular-conditions/hyperlipidemia
- 7. mailto:media.relations@novartis.com
- 8. mailto:email.address@novartis.com
- 9. mailto:email.address@novartis.com
- 10. mailto:investor.relations@novartis.com