Zilebesiran as Add-On Therapy in Patients with Hypertension Inadequately Controlled with a Standard Antihypertensive Medication: Efficacy and Safety Results from the KARDIA-2 Study

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For US HCPs Only

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Up to 80% of adults with hypertension have inadequately controlled BP

Nonadherence to SoC daily oral regimens contributes to inadequate BP control

Q6M

Zilebesiran is an investigational RNA interference therapeutic targeting hepatic AGT synthesis with potential for biannual SC dosing

KARDIA-2[a] assessed a single SC dose of zilebesiran 600 mg or placebo when added to an SoC diuretic, CCB, or maximum-dose ARB in adults with mild-to-moderate hypertension who were untreated[b] or had inadequately controlled BP while receiving ≤2 antihypertensives[c]

667 patients randomized and received treatment

43.2% Female

56.8% Male

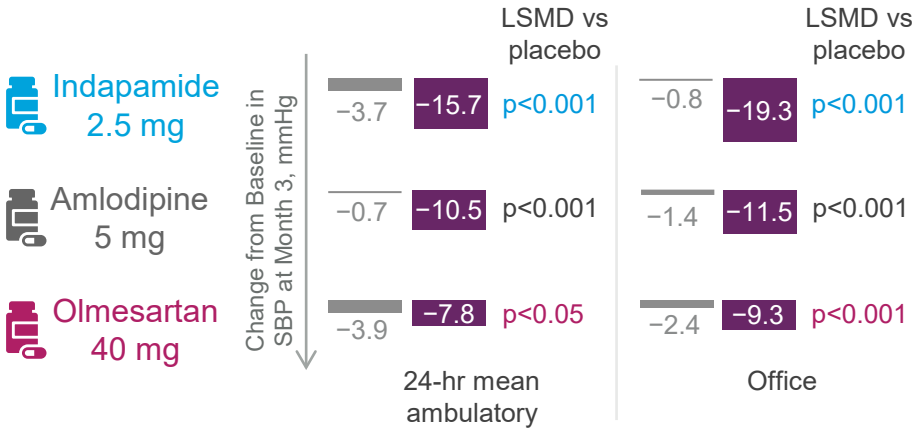
58.5 Mean age (years)

28.0% Black/African American

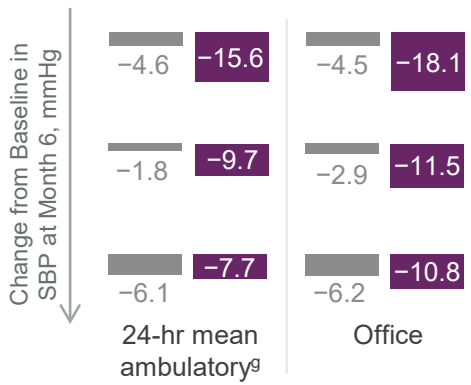
72.0% all other races

EFFICACY

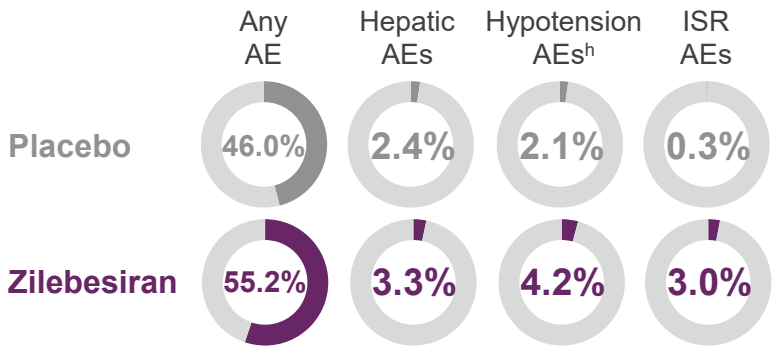
Zilebesiran add-on demonstrated significant reductions in SBP compared with **placebo** at Month 3[d]



Zilebesiran demonstrated significant reductions in **time-adjusted office SBP** compared with **placebo** at Month 6 (LSMD vs placebo p<0.001 for all cohorts)[e,f]



SAFETY



Most AEs and laboratory abnormalities[i] were transient and resolved without intervention

[a]NCT05103332. [b]With seated office SBP 155–180 mmHg. [c]With seated office SBP 145–180 mmHg. [d]24-hour mean ambulatory SBP (primary endpoint) and office SBP (key secondary endpoint). [e]Time-adjusted office SBP (key secondary endpoint). [f]Rescue antihypertensives were permitted after Month 3. [g]Time-adjusted ambulatory SBP (key secondary endpoint). [h]Hypotension AEs comprise events of hypotension and orthostatic hypotension. [i]Potassium >5.5 nmol/L, ≥30% decrease from baseline in eGFR (mL/min/1.73 m^2), >2x increase from baseline in creatinine (μmol/L), ALT/AST >3x ULN. AE, adverse event; AGT, angiotensinogen; ARB, angiotensin receptor blocker; CCB, calcium channel blocker; eGFR, estimated glomerular filtration rate; hr, hour; ISR, injection-site reaction; LSMD, least squares mean difference; Q6M, every 6 months; SBP, systolic blood pressure; SC, subcutaneous; SoC, standard of care.