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Lipfendra (Enlicitide)

The first PCSK9 inhibitor you take as a pill. How it works, how to take it, and who it fits.

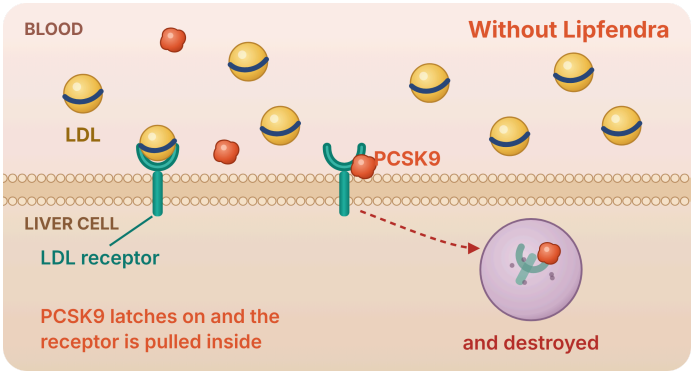
About 57%
lower LDL than placebo in the main trial, steady through a full year

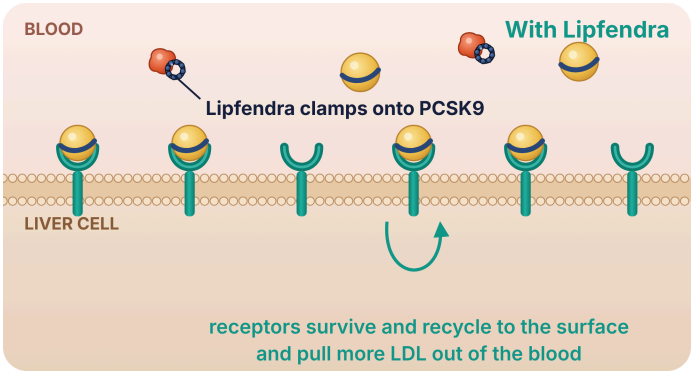
20 mg
one tablet each morning, on an empty stomach

30 min
at least before food or other drinks, after water, black coffee or plain tea

HOW IT WORKS

It holds PCSK9 out of action

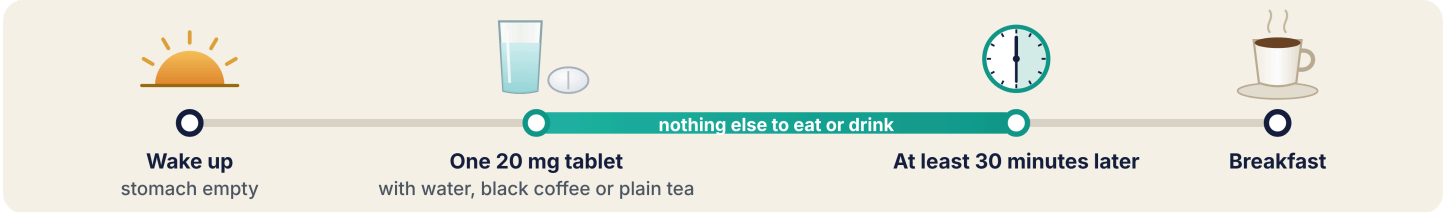




PCSK9 is a protein that latches onto the liver's LDL receptors, the units that pull LDL cholesterol out of the blood, and gets them destroyed. Lipfendra clamps onto PCSK9, so the receptors survive, recycle to the surface and clear more LDL. The injectable antibodies work the same way.

HOW TO TAKE IT

Take it on an empty stomach



Take one 20 mg tablet first thing with water, black coffee or plain tea, and nothing else to eat or drink for at least 30 minutes. The tablet has an ingredient that helps it cross the intestinal wall, and that only works on an empty stomach. Eat too soon and you blunt the drug. Swallow it whole. Your other medicines can be taken with it.

A pill on the top rung

Lifestyle and a statin come first, and ezetimibe is the usual second pill. Lipfendra is for people who need more than those can provide. Until July 2026, that top rung meant an injection.

IS IT RIGHT FOR YOU

How it compares and what to expect

HOW MUCH IT LOWERS LDL

in the trials

Main trial	About 57% lower than placebo at 24 weeks in roughly 2,900 adults, holding steady through a full year. That can take an LDL of 140 down into the 50s or 60s.
Inherited high cholesterol	About 58% lower at 24 weeks in adults with heterozygous familial hypercholesterolemia, an inherited condition that drives LDL very high from a young age. 67% reached both a halving of their LDL and a level under 55, against 1% on placebo.
Against other pills	About 65%, next to about 28% for ezetimibe, about 6% for bempedoic acid and about 37% for the two combined.
Other markers	Non-HDL cholesterol and apolipoprotein B fell by roughly half, and lipoprotein(a) came down as well.

PILL OR SHOT

similar LDL lowering, different delivery

Repatha and Praluent	Evolocumab and alirocumab, injections you give yourself every two to four weeks. Repatha lowers LDL by roughly 60% at full dose and Praluent lands in a similar range. Both have large trials proving they cut heart attacks and strokes.
Leqvio	Inclisiran, a shot in the office twice a year, lowering LDL closer to 50%.
Lipfendra	Enlicitide, FDA approved on July 16, 2026, and the first PCSK9 inhibitor you swallow once a day like any other pill. It lowers LDL around 55 to 65%.

WHO IT FITS AND WHAT TO EXPECT

Who it fits	Your LDL is still above goal on a statin, with or without ezetimibe. Or you can't take statins after a careful trial, or you carry familial hypercholesterolemia.
Side effects	About the same as placebo. In the year-long inherited cholesterol trial, 2% stopped for side effects, against 3% on placebo. No liver injury, no muscle problems, and new or worsening diabetes in 2% on the drug and 3% on placebo.
With your statin	It's built to go on top of the treatment you already take. Nearly everyone in the trials was on a statin, many with ezetimibe too, with no sign of trouble from the combination.
Not studied in	Active liver disease, uncontrolled blood pressure or diabetes, or triglycerides at or above 400. Data in severe kidney problems are still limited. Don't start it if you're pregnant, trying to become pregnant or nursing.

STILL WAITING ON 2029

Lipfendra is proven to lower LDL, and lowering LDL is one of the best-established ways to prevent heart attacks. The trial testing whether Lipfendra itself cuts heart attacks and strokes, CORALreef Outcomes, is expected to finish in 2029.

READ THE FULL ARTICLE

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lipfendra-enlicitide

For education only, and not a substitute for advice from your own physician. Sources include the enlicitide trials in NEJM, JAMA and JACC (2026), a 2026 review of PCSK9 inhibitor therapy, the 2026 ADA Standards of Care and the 2026 National Lipid Association consensus on familial hypercholesterolemia.

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