Shared Care Guideline
for
Inclisiran 284mg injection (Leqvio®) for treating primary hypercholesterolaemia or mixed dyslipidaemia

This shared care guideline (SCG) has been written to enable the continuation of care by primary care clinicians of patients initiated on Inclisiran by a specialist lipid service where this is appropriate and, in the patients' best interests. Primary care will only be requested to take over prescribing of Inclisiran within its licensed indication unless specifically detailed otherwise below.

Introduction

Indication/Licensing information
Inclisiran is licensed for the management of primary hypercholesterolaemia (heterozygous familial and nonfamilial) or mixed dyslipidaemia in adults.

NICE has recommended the use of Inclisiran as an option as an adjunct to diet in the above indication, only if:

- 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
- 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.

Pharmacology
Inclisiran is a double-stranded, small interfering ribonucleic acid (siRNA), conjugated on the sense strand with triantennary N-acetylgalactosamine (GalNAc) to facilitate uptake by hepatocytes.

In hepatocytes, inclisiran utilises RNA interference to direct catalytic breakdown of mRNA for proprotein convertase subtilisin kexin type 9 (PCSK9).

This increases LDL-C receptor recycling and expression on the hepatocyte cell surface, which increases LDL-C uptake and lowers LDL-C levels in the circulation.

Dosage and administration
Adults
The recommended dose is 284 mg inclisiran administered as a single subcutaneous injection: initially, again at 3 months, followed by every 6 months.

Responsibilities of the specialist clinician initiating treatment

Summary

- To assess the suitability of the patient for treatment and initiate Inclisiran in appropriate patients. (including confirming the patient has no contra-indications to treatment and considering the relevance of any cautions, including interactions).
- To discuss the benefits and side effects of treatment with the patient/carer and the need for long term monitoring if applicable. To discuss the patient's responsibilities (see relevant section) in relation to the shared care agreement.
- To perform baseline tests and if appropriate routine tests until the patient is stable (see details of baseline and routine tests which should be carried out by the specialist in the monitoring section below).
- To prescribe and administer the first two injections at week 0 and week 12. The Lipid specialist will review the patient following the first dose and prior to administration of the second dose.
- To ask the GP whether they are willing to participate in shared care.
- To provide the GP with a summary of information relating to the individual patient to support the GP in undertaking shared care (see shared care request form in Appendix A which includes a link to the shared care guideline).
- To advise the GP of any monitoring required, when to refer back, and when and how to stop treatment (if appropriate).
- To advise the GP when the patient will require their next dose of Inclisiran.
- To monitor the patient for adverse events and report to the GP and where appropriate Commission on Human Medicines/MHRA (Yellow Card scheme).
- To provide the GP with contact details in case of queries.
- To provide patient / carer with contact details for support and help if required; both in and out of hours.

Responsibilities of the primary care clinician

Acceptance of Responsibility by the Primary Care Clinician

It is optional for the primary care clinician to participate in taking on responsibility for shared care for the patient. Primary care clinicians will take on shared care only if they are willing and able.

Summary

- To reply to the request for shared care as soon as possible.
- To prescribe and adjust the dose as recommended by the specialist.
- To ensure there are no interactions with any other medications initiated in primary care.
- To continue monitoring as agreed with secondary care in the monitoring section below.
- To inform the specialist if the patient discontinues treatment for any reason.
- To seek the advice of the specialist if any concerns with the patient's therapy. For example:
  - Patient or general practitioner is **not** comfortable to continue with the existing regime due to either change in condition or drug side effects.
  - Advice in respect of concordance.
  - Special situations, (e.g. Pregnancy).
- Discontinue the drug as directed by the specialist if required.
- To conduct an annual medication review or more frequently if required.
- To identify adverse events if the patient presents with any signs and liaise with the hospital specialist where necessary. To report adverse events to the specialist and where appropriate the Commission on Human Medicines/MHRA (Yellow Card scheme).

Responsibilities of Patients or Carers

Summary

- To be fully involved in, and in agreement with, the decision to move to shared care.
- To attend hospital and primary care clinic appointments. Failure to attend will potentially result in the medication being stopped.
- Present rapidly to the primary care prescriber or specialist should the clinical condition significantly worsen.
- Report any suspected adverse effects to their specialist or primary care prescriber whilst on Inclisiran treatment.
- To read the product information given to them.

- Inform the specialist, primary care prescriber or community pharmacist dispensing their prescriptions of any other medication being taken – including over-the-counter medication.

Clinical Particulars

The details of side-effects, cautions, contraindications and interactions are not a complete list and the current BNF MedicinesComplete — CONTENT > BNF > Drug: Inclisiran and the SPC Leqvio 284 mg solution for injection in pre filled syringe - Summary of Product Characteristics (SmPC) - (emc) (medicines.org.uk) remain authoritative.

BNF therapeutic class	
Cautions and Contraindications	**Contraindications** Hypersensitivity to the active substance or to any of the excipients listed in the SPC. **Cautions** Haemodialysis The effect of haemodialysis on inclisiran pharmacokinetics has not been studied. Considering that inclisiran is eliminated renally, haemodialysis should not be performed for at least 72 hours after inclisiran dosing. Sodium content This medicinal product contains less than 1 mmol sodium (23 mg) per dose, that is to say essentially "sodium-free".
Pregnancy and breast feeding	**Pregnancy** There are no or limited amount of data from the use of inclisiran in pregnant women. Animal studies do not indicate direct or indirect harmful effects with respect to reproductive toxicity. As a precautionary measure, it is preferable to avoid the use of inclisiran during pregnancy. **Breast-feeding** It is unknown whether inclisiran is excreted in human milk. Available pharmacodynamic/toxicological data in animals have shown excretion of inclisiran in milk. A risk to newborns/infants cannot be excluded. A decision must be made whether to discontinue breast-feeding or to discontinue / abstain from inclisiran therapy, taking into account the benefit of breast-feeding for the child and the benefit of therapy for the woman. **Fertility** No data on the effect of inclisiran on human fertility are available. Animal studies did not show any effects on fertility.
Adverse Drug Reactions	**Common** The only adverse reactions associated with inclisiran in the pivotal studies were injection site reactions, which occurred in 8.2% and 1.8% of inclisiran and placebo patients, respectively. The proportion of patients in each group who discontinued treatment due to adverse reactions at the injection site was 0.2% and 0.0%, respectively. All of these adverse reactions were mild or moderate in severity, transient and resolved without sequelae. The most frequently occurring adverse reactions at the injection site in patients treated with inclisiran were injection site reaction (3.1%), injection site pain (2.2%), injection site erythema (1.6%), and injection site rash (0.7%). • Any serious adverse reactions should be reported to the MHRA via the Yellow Card scheme: www.mhra.gov.uk/yellowcard
Monitoring	There are no specific monitoring requirements for Inclisiran. Following initiation, it is recommended that a fasting lipid profile is performed annually while the patient remains on treatment.

Interactions	Inclisiran is not a substrate for common drug transporters and, although *in vitro* studies were not conducted, it is not anticipated to be a substrate for cytochrome P450. Inclisiran is not an inhibitor or inducer of cytochrome P450 enzymes or common drug transporters and is not expected to have clinically significant interactions with other medicinal products. Based on the limited data available, clinically meaningful interactions with atorvastatin, rosuvastatin or other statins are not expected.
Re-Referral guidelines	The GP should write to the secondary care clinician who started the drug via post or email to refer back into secondary care.

Communication and contact details

Specialist to primary care clinician
The specialist will inform the primary care clinician when they have initiated Inclisiran. When the patient is near completing the satisfactory initiation period, the specialist will write to the primary care clinician to request they take over prescribing and where possible give an indication as to the expected length of treatment. The specialist will also send a shared care request form to support the primary care clinician in undertaking shared care. (Appendix A)

Primary Care Clinician to specialist
If the primary care clinician has concerns over the prescribing of Inclisiran, they will contact the specialist as soon as possible.

Contact names and details

Contact Details	Telephone number	Email
BHNFT Lipid Optimisation Clinic	01226 432707	bdg-tr.pharmacylipidclinic@nhs.net
Gillian Turrell	01226 432857	gilliansmith2@nhs.net
Dr A Q Negahban	01226 730000	

References

- BNF Online (Medicines Complete). Inclisiran monograph. MedicinesComplete — CONTENT > BNF > Drug: Inclisiran Accessed 19th December 2023
- Electronic Medicines Compendium (EMC) Leqvio monograph Leqvio 284 mg solution for injection in pre filled syringe - Summary of Product Characteristics (SmPC) - (emc) (medicines.org.uk) Accessed 19th December 2023
- NICE TA733 Inclisiran for treating primary hypercholesterolaemia or mixed dyslipidaemia October 2021 1 Recommendations | Inclisiran for treating primary hypercholesterolaemia or mixed dyslipidaemia | Guidance | NICE

https://www.england.nhs.uk/wp-content/uploads/2018/03/responsibility-prescribing-between-primary-secondary-care-v2.pdf

Development Process

This guidance has been produced by Gillian Turrell, Lead Pharmacist for Medicines Information and Cardiology, following an AMBER classification status of Inclisiran by the Barnsley Area Prescribing Committee. This guideline was ratified by the Area Prescribing Committee on 14th February 2024.

Shared Care Guideline –remains open to review in light of any new evidence
***Amber** = To be initiated and titrated to a stable dose by a specialist with follow up prescribing and monitoring by primary care under a shared care agreement.*

Appendix A – Shared Care request form (Amber) for Inclisiran

- Specialist to complete when requesting primary care clinician to enter a shared care arrangement.
- Primary care clinician to return signed copy of form to bdg-tr.pharmacylipidclinic@nhs.net
- Both parties should retain a signed copy of the form in the patient's record.

From (**Specialist**): _____ **To** (**Primary care clinician**): _____

As per the agreed Barnsley shared care guideline for Inclisiran, this patient is now suitable for prescribing to move to primary care.
The patient fulfils the criteria for shared care and I am therefore requesting your agreement to participate in shared care. I have carried out baseline tests and initial monitoring as detailed in the shared care guideline.

Patient details

Name: _____ NHS Number: _____

Address: _____ DOB: _____

Amber Drug details

Drug name: **Inclisiran** Dose and frequency: **284mg SC every 24 weeks**

Date of initiation: _____ Length of treatment: **long term**

The patient's last dose of Inclisiran was administered on: _____

The next dose of Inclisiran is due on or around: _____

Monitoring

The following monitoring should be undertaken by the primary care clinician. Refer to the monitoring section of the shared care guideline.

Parameter	**Date next test due**	**Frequency**
Fasting Lipid profile		Annually

Communication

Lipid Optimisation Clinic
Tel: 01226 432857 or 01226 432707 Email address: bdg-tr.pharmacylipidclinic@nhs.net

Consultant
Telephone number: _____ Email address: _____

Shared Care Guideline –remains open to review in light of any new evidence
***Amber** = To be initiated and titrated to a stable dose by a specialist with follow up prescribing and monitoring by primary care under a shared care agreement.*

Confirmation of acceptance of shared care

Specialist (Doctor/Nurse/Pharmacist) name: _____

Specialist (Doctor/Nurse/Pharmacist) signature: _____Date: _____

I, [insert name of primary care clinician] can confirm I :

☐ accept the request to participate in shared care for the patient named above and will complete the monitoring as set out in the shared care guideline for this medicine/condition.

☐ reject the request to participate in shared care for the patient named above. The reason for this being ……

Signature of primary care clinician: _____Date: _____

To save resources you have been sent appendix A of the shared care document. The full document (……*date approved ……)* can be accessed on the Barnsley BEST website at the following link:
http://best.barnsleyccg.nhs.uk/clinical-support/medicines/shared-care-guidelines/
Or via the Barnsley Area Formulary www.barnsleyformulary.nhs.uk