

Primary Care Cardiovascular Society

Empowering primary care to deliver the best in cardiovascular health



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PCCS Lipid QI Programme *Counselling Patients on Inclisiran*

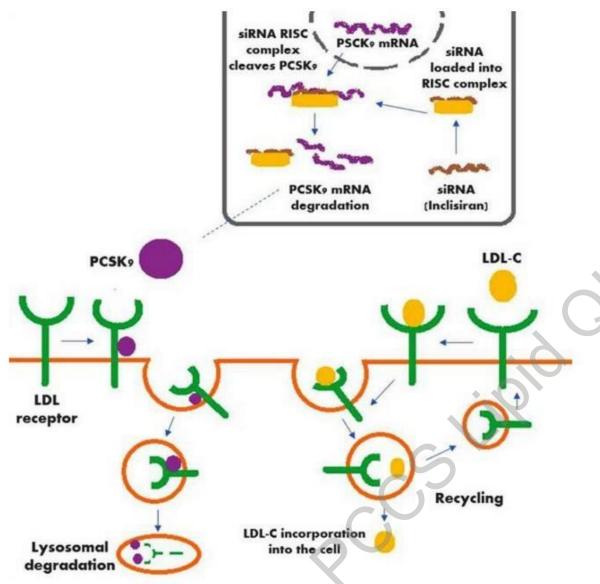
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This programme has been solely funded by Novartis. Novartis were not involved in the development of the programme, content, selection of speakers or their arrangements. All content has been independently developed by PCCS.



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What is inclisiran?

An SiRNA therapy that inhibits the production of PCSK9 by ensuring that the protein is not created in the first place.

LDL-C, low-density lipoprotein cholesterol; mRNA, messenger ribonucleic acid; PCSK9, proprotein convertase subtilisin/kexin type 9; RISC, ribonucleic acid-induced silencing complex; siRNA, small interfering ribonucleic acid. Kosmas CE, et al. Diseases 2018;6:63.

Administering and storing inclisiran



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- 1) Subcutaneous injection (most common site = abdomen, can use upper arm or thigh)
- 2) Fixed dose
- 3) One loading dose at 3 months and then given twice a year
- 4) No mandated safety lab monitoring
- 5) No refrigeration required, has a shelf life of 3 years







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Who can use this medication?

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History of CVD events:

- Acute coronary syndrome (such as MI or unstable angina needing hospitalisation)
- Coronary or other arterial revascularisation procedures

AND

- Coronary heart disease
- Ischaemic stroke
- Peripheral arterial disease
- LDL-C ≥ 2.6mmol/L

CVD, cardiovascular disease; LDL-C, low-density lipoprotein cholesterol; MI, myocardial infarction NICE. Inclisiran for treating primary hypercholesterolaemia or mixed dyslipidaemia (TA733). Available at: https://www.nice.org.uk/guidance/ta733. Accessed December 2023.



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Special populations

- Elderly: no dose adjustment
- Hepatic impairment: use caution with Child-Pugh class C
- Renal impairment: use caution with severe CKD, wait 72 hours prior to haemodialysis
- Pregnant/breastfeeding: avoid use
- Paediatrics: no data available for children < 18 years old

Safety data

- The only known side effect above placebo is injection-site reactions
- Discontinuation rates were similar between placebo and inclisiran
- No significant interaction found between inclisiran and other medications

Missed dosages

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- If < 3 months → give injection every 6 months as usual
- If >3 months → restart dosing regimen with loading dose at 3 months

Advise patients to CONTINUE their current medications

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Patient example

Mark

- 56-year-old male
- **Past medial history**: ischaemic stroke
- Current medications:
 - Clopidogrel 75 mg od
 - Lansoprazole 15 mg od
 - Candesartan 12 mg od
 - Atorvastatin 80 mg od
- Lab data: total cholesterol: 6.4 mmol/L; LDL-C: 2.7 mmol/L
 - s/p 3 months: 2.8 mmol/L; 1.3 mmol/L