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Practical guide for the Implementation & identification of inclisiran▼ in high-risk CVD patients in Primary Care

Jenni Ball and Chloe Proctor

Advanced Nurse Practitioner (Framfield House Surgery)
PCN Contracts and Data/QOF (DHG PCN)

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Thank you for attending our workshop, we would love to hear from you!

Educational resources, bespoke implementation guidance and further support can be requested…Please email us:

chloeproctor@nhs.net

Jenni.ball@nhs.net

Examples included are taken from speakers own experience and local use. Please refer to the DHG inclisiran implementation guide for full information. If you would like to request data sources within this presentation please contact us.

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Declarations

- *Honorarium received from Novartis Pharmaceuticals Ltd.*

Learning Objectives

- Understanding Inclisiran as a solution for high risk CVD patients
- Why LDL?
- How to efficiently identify NICE eligible patients
- Implementation of Inclisiran without putting extra pressure on primary care
- How to maximise QOF Cholesterol income

Examples included are taken from speakers own experience and local use.
Please refer to the DHG inclisiran implementation guide for full information, Chloe/Jenni can be contacted directly for further support: chloeproctor@nhs.net Jenni.ball@nhs.net

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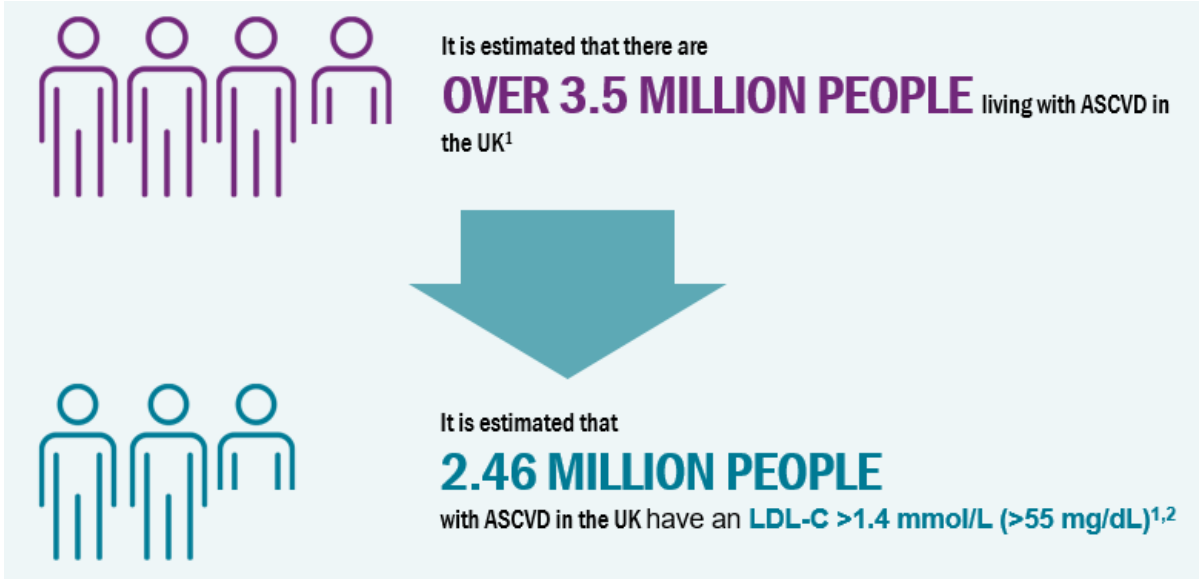
Imagine you have been asked to improve cholesterol management in your surgery/PCN.

How will you develop a model for delivering this or achieving QOF?

1. **Why** are you doing this?

For example, at Framfield House Surgery

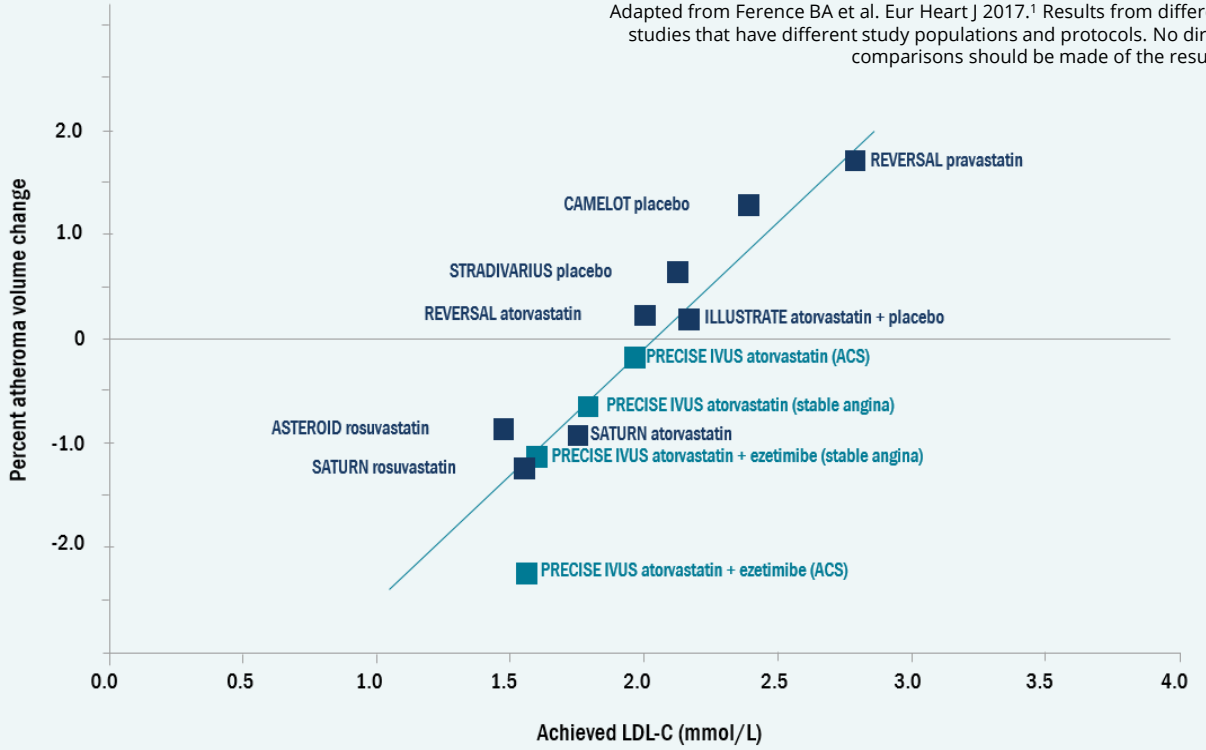
- High prevalence of ASCVD
- 6.1% VS 5.5% national average
- 531 Patients at high-risk of another CV event
- 63% high-risk patients not at target 1.8mmol/L (QOF CHOL002)
- 506 patients not on statins or sub-optimal statin treatment
- Statin reticence/poor compliance/contraindications



Inclisiran is an option for eligible patients suffering with the consequences of CVD and inadequately controlled elevated LDL-C levels

Why LDL?

Adapted from Ference BA et al. Eur Heart J 2017.[1] Results from different studies that have different study populations and protocols. No direct comparisons should be made of the results.



A 1 mmol/L reduction in LDL-C can be associated with a **22%** reduction in major vascular events at 1 year (95% CI: 20–24; P<0.0001)*[3]

What about England?

Recent national **CVDPREVENT data** showed that **over 76%** of patients with cardiovascular disease have **LDL-C levels above 1.8 mmol/L‡**
– that's more than 3 in 4 patients[2]

Greater utilisation of adjunctive therapies are needed to help patients at highest risk reach guideline-recommended LDL-C goals

Why Inclisiran?

Approximate reduction in LDL-C					
Statin dose mg/day	5	10	20	**40**	**80**
Fluvastatin			21%	27%	33%
Pravastatin		20%	24%	29%	
Simvastatin		27%	32%	37%	42%
Atorvastatin		37%	43%	49%	55%
Rosuvastatin	38%	43%	48%	53%	
Atorvastatin + Ezetimibe 10mg		52%	54%	57%	61%

Low intensity statins will produce an LDL-C reduction of 20-30%

Medium intensity statins will produce an LDL-C reduction of 31-40%

High intensity statins will produce an LDL-C reduction above 40%

Simvastatin 80mg is not recommended due to risk of muscle toxicity

Please refer to the full National Guidance for lipid management for primary and secondary prevention of CVD

Extent of lipid lowering with most of the available therapies

If recommended statin treatment is contraindicated or not tolerated - follow AAC Statin Intolerance Algorithm for advice regarding adverse effects (click here).

If statin intolerance is confirmed, consider:
- **Ezetimibe 10mg** monotherapy. Assess response after 3 months (TA385)
- **Ezetimibe 10mg/bempedoic acid 180 mg** combination when ezetimibe alone does not control non-HDL-C sufficiently. (NICE TA694)

If non HDL-C remains > 2.5mmol/L despite other lipid lowering therapies consider Injectable therapies - arrange a fasting blood test and assess eligibility criteria (TA393/394, TA733)

Ezetimibe 10mg daily (NICE TA385). Reassess after three months. If non-HDL-C remains > 2.5mmol/L; consider **injectable therapies** arrange a fasting blood test and assess eligibility

* See overleaf for information to support shared decision making

** Inclisiran and PCSK9i should not be prescribed concurrently

Injectable therapies**

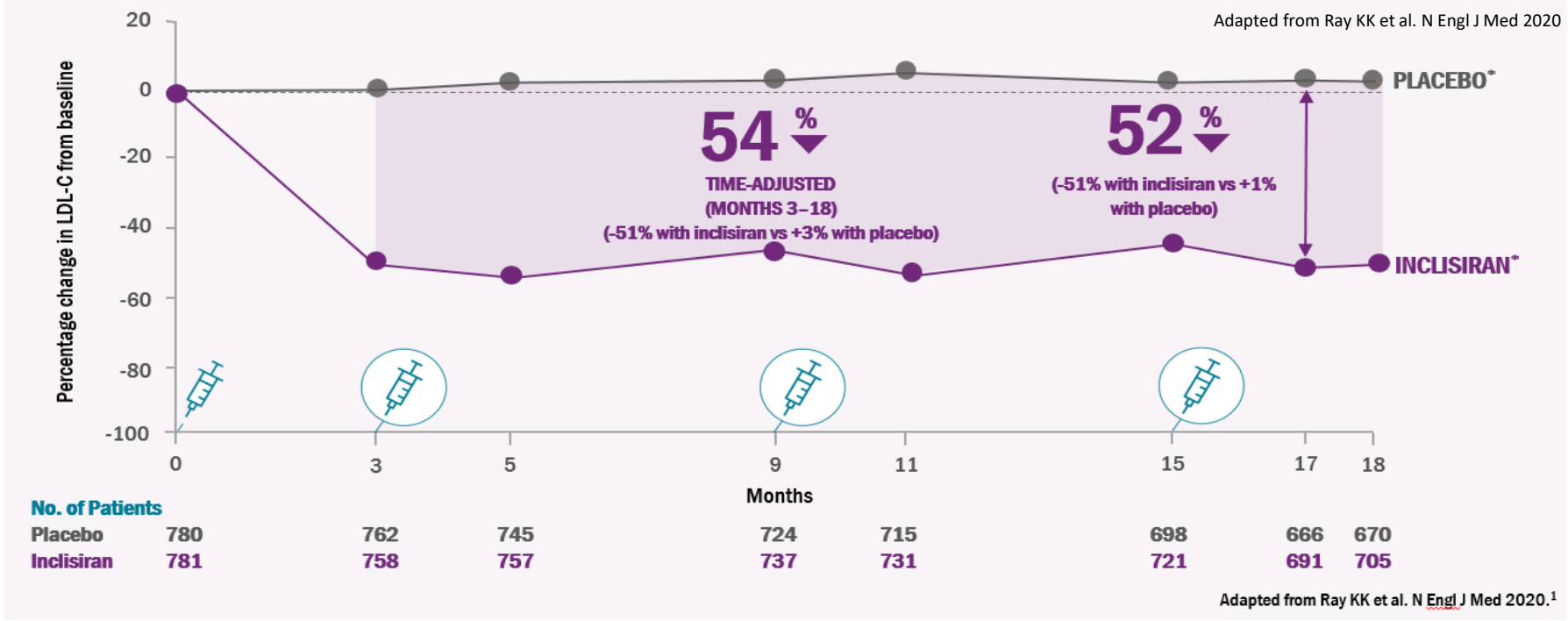
If non-HDL-C > 2.5mmol/L; Arrange fasting blood test to measure LDL-C to assess eligibility:
- **Inclisiran** - if fasting LDL-C ≥ 2.6mmol/L despite maximum tolerated lipid lowering therapy (TA733)

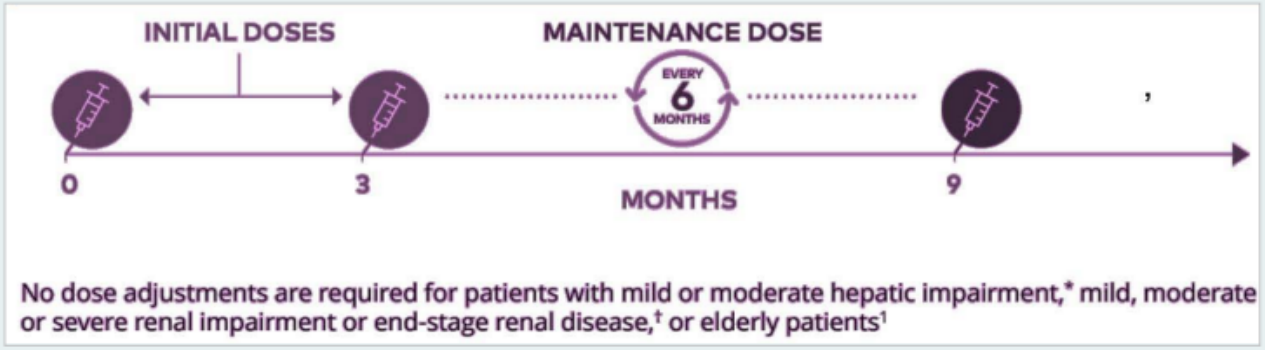
OR

- **PCSK9i** - see overleaf for LDL-C thresholds. (TA393/4)

If eligibility criteria not met, consider **ezetimibe 10mg daily** (if not previously considered)

Why inclisiran?





- Lipid Profile bloods: Set up recall for 3 months onwards for QOF purposes or as requested by the patient
- No specific monitoring or refrigeration required
- No clinically significant interactions with other medicinal products expected
- Side effects: Injection site only – none severe/persistent. Please advise patient to report any side effects & complete a **MHRA yellow card**

2. **Who** is in your current workforce?

- PCN or practice pharmacy team?
- Which clinicians can support you?
- Who will do the prescriptions and PSDs?
- How can you integrate inclisiran into routine long term condition management?
- What protocol will you follow?

The DHG Implementation & Quick Reference guide is available through the Health Innovations East Website

Further support can be requested from Jenni and Chloe: chloeproctor@nhs.net jenni.ball@nhs.net

Inclisiran Protocol

In 'addition' to any Statins or Ezetimibe patient is taking

Eligibility:

1. On maximal tolerated statins/ lipid lowering therapy/ or statins declined
2. LDL level over 2.6
3. Cardiovascular history: MI, Unstable angina, Coronary revascularisation procedures/ CHD, IHD or peripheral arterial disease
4. Any age/ no dose adjustments
5. Look out for this front page patient safety alert that helps identify eligible patients.

Consider Inclisiran Therapy: *Please check eligibility for Inclisiran based on NICE Tag* - if suitable offer Inclisiran therapy, or code as Inclisiran declined/not tolerated/not indicated.*
**Secondary prevention (exc TIA) + LDL 2.6 and above + max tolerated lipid lowering therapy.* Action More

Identified patients:

Can either be sent Accurx Inclisiran Template message/ or the Inclisiran letter or **Prescribing clinicians** can click on Action and Prescribe and then ask patient to make appointment – or TASK A Super Admin to arrange the above.

Mode of action:

"Statins work to reduce cholesterol synthesis but Inclisiran works by increasing LDL receptors in the liver which then removes more LDL cholesterol from the body"

Schedule/ Route

Subcutaneously – via abdomen or upper arm/thigh

Monitoring requirements

- No Specific Monitoring required
- Set up Recall for repeat Lipid Profile anytime 3-9 month onwards for QOF purposes.

Side effects

Injection site only – none severe/persistent. Please advise to SOS if any different S/E noted.

QOF Indicators 2023/2024

LDL-C management for secondary prevention of CVD is a **clinical priority**, as recognised by the 2023/2024 QOF.[2] Amounting to 30 points and ~£36 million in funds, the **two QOF cholesterol indicators reflect a heightened focus on the role of cholesterol within secondary prevention.**[2,3]

CHOL001
Percentage of patients on the QOF Coronary Heart Disease, Peripheral Arterial Disease, Stroke/TIA or Chronic Kidney Disease Register **who are currently prescribed a statin, or where a statin is declined or clinically unsuitable, another lipid-lowering therapy**[2]

CHOL002
Percentage of patients on the QOF Coronary Heart Disease, Peripheral Arterial Disease, or Stroke/TIA Register, who have a recording of non-HDL-C in the preceding 12 months that is lower than 2.5 mmol/L, or where non-HDL-C is not recorded **a recording of LDL-C in the preceding 12 months that is lower than 1.8 mmol/L**[2]

Procedure

Electronic PSD and prescription prior to nurse appointment (TASK JB if not done or own GP if JB not here)

- Reception will task Prescribing team prior to patient coming in, to order injection
- First dose: set up scheduled task and 3m Recall for patient to return in 3 month's time – Patients MUST be booked after the 3 months and not before.
- 3 month dose: set up Inclisiran 6 month recall.
- At the 2nd dose – the electronic PSD needs changing to Maintenance regime – please task JB to do this.

Examples above taken from speakers own experience and local use.
Please refer to the DHG inclisiran implementation guide for full information

3. **What** is your plan of action?

How will you find the eligible cohort of patients?

NICE recommends inclisiran, within its licensed indication,[1] as an option for the treatment of adult patients who:[2]

1. Have already had certain cardiovascular events,* and
2. Have persistently elevated LDL-C levels (≥2.6 mmol/L) despite maximum tolerated statins with or without other lipid-lowering therapies, or other lipid-lowering therapies when statins are not tolerated or are contraindicated

- Opportunistically in routine appointments with ANY clinician, such as chronic disease/medication reviews
- GP System searches to create NICE eligible patient lists + CVD cohorts requiring optimisation:
  - Patients with established CVD with NO lipid recording in the last 12months
  - Patients with CVD not on a statin
  - Patients who are on a suboptimal statin or suboptimal statin dose

Step 1 - Search tools

Recommended tools to combine (NICE specific Inclisiran Eligible cohorts):

1) **ARDENS REPORT** – if your practice uses Ardens, the report can be found in ***Clinical Reporting -> Ardens Ltd folder -> Conditions | Cardiovascular -> Alerts -> CVD - ?Inclisiran indicated as CVD + LDL>2.5 or non-HDL >3.4 + not on maximum tolerated lipid lowering therapy.***

2) **MANCHESTER INNOVATIONS** – These reports need to be imported onto S1, the searches and guidance on cohorts requiring action can be found here -> CVD Prevention: Lipid Pathway - Resources for Health and Care - Health Innovation Manchester. The report for Inclisiran is called ***'n l COHORT 4a - Eligible for Injectables'.***

Additional tools:

3) **CDRC** - Lipids, Familial Hypercholesterolaemia (FH), PCSK9i & Inclisiran Search Guide to access the tool you need to join the SystemOne group. Cohorts 'Lipids 5.5-5.7' specifically identify NICE eligible Inclisiran patients.

4) **UCLP** - These reports need to be imported onto S1, the searches and guidance can be found Search and risk stratification tools - UCLPartners
'Priority Group 3 (on high intensity Statin suboptimal non-HDL)' highlights patients for optimisation but not specifically NICE eligible Inclisiran patients.

5) **Eclipse Live** – CVD risk stratification tool

The Inclisiran NICE TAG eligibility requires LDL-C, the practice can use the Friedewald equation to calculate this prior to initiation for patients with Non-HDL >3.4 (estimated equivalent to 2.6 LDL as per 2021 ESC guidance).

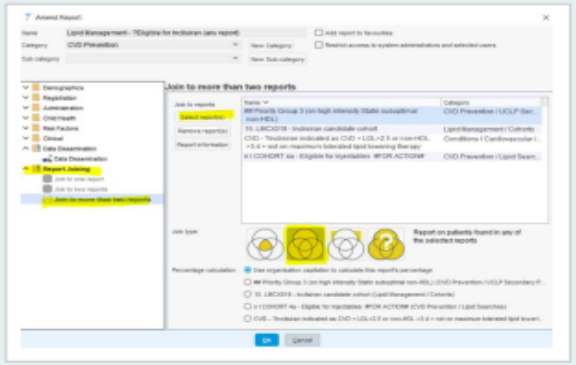
Step 2 - Combining reports

Once the reports are imported, these can be collated into one list to maximise identification of eligible patients.

On System 1 Clinical Reporting click click **'New'** and then select the option under **'Report Joining'** for **'Join to more than two reports'**

1) Name the report and select a location – for example ***'Lipid Management - ?Eligible for Inclisiran (any report)/***

2) Click **'Select Report(s)'** and then search for the above reports (and any others) to add them into the join. Select the Join Type as **'Report on patients found in any of the selected reports'**



3) Click **'Ok'** and then run the report to find the patients that appear on any of the included reports.

Examples above taken from speakers own experience and local use.
Please refer to the DHG inclisiran implementation guide for full information, Chloe/Jenni can be contacted directly for further support: chloeproctor@nhs.net Jenni.ball@nhs.net

3. **What** is your plan of action?

How will you invite your patients in?
How will they book appointments?
How will you arrange second and maintenance doses?

INVITE IDENTIFIED PATIENTS VIA:

- **LETTER:** Adapt DHG patient letter / create your own – ensure patient information leaflet (PIL) is included
- **ACCURX:** Create template attaching patient letter or/and send PIL (optional: 'allow patients to respond')
- **RECEPTION:** Can also phone/text/email

CONSULT PATIENTS IN ROUTINE CLINIC:

- Verbally communicate eligibility and clinical benefit to patient during Annual Health review appointments
- Opportunistically find eligible patients during routine clinician appointments
- Reception/admin can invite patients from System one/ Ardens search lists

Dear Mr Mouse-TestPatient

At Framfield Surgery, we continually strive to deliver the best care and improve on patient care reducing the risk of disease.
You may have been aware of a medication, Inclisiran, mentioned in the national media, that has recently been assessed by NICE (National Institute of Health and Care Excellence) and accepted to assist in the treatment of people who have vascular disease, or had cardiovascular events (Stroke/ Heart attacks/ Coronary heart Disease).

Our records show that you may benefit from this medication.

Inclisiran works alongside statins or other medications that patients are taking to reduce their cholesterol – but in a slightly different way. It essentially increases the amount of receptors the liver makes which mean it captures more LDL cholesterol and thus reduces the risk that the cholesterol can cause any harm.

Here is a link for further information regarding Inclisiran;
https://www.health.novartis.co.uk/sites/health.novartis.co.uk/files/inclisiran-patient-leaflet-april-2022.pdf

The treatment is given as an injection subcutaneously at an interval of first dose, second dose in 3 months' time – and then after that every 6 months which would be administered by a practice nurse at the surgery.

If you are interested in starting this medication or wish to discuss this further with the clinical team; please call Framfield Surgery to book with one of the nursing team.

Examples above taken from speakers own experience and local use.
Please refer to the DHG inclisiran implementation guide for full information, Chloe/Jenni can be contacted directly for further support: chloeproctor@nhs.net Jenni.ball@nhs.net

3. **What** is your plan of action?

What resources do you have to support implementation?

- 30 points of QOF clinical domain
- Centrally funded prescriptions reimbursable on the FP34D
- Local and national lipid management pathways and educational support – *contact details for Chloe/Jenni available at the end of the presentation to request further support*
- Easily adaptable search tools and DHG implementation guide available on the HI East website

LDL-C management for secondary prevention of cardiovascular disease has now been **recognised by the 2023/2024 QOF.**[1]

1 **CHOL001** *Percentage of patients on the QOF Coronary Heart Disease, Peripheral Arterial Disease, Stroke/TIA or Chronic Kidney Disease Register who are currently prescribed a statin, or where a statin is declined or clinically unsuitable, another lipid-lowering therapy*

2 **CHOL002** *Percentage of patients on the QOF Coronary Heart Disease, Peripheral Arterial Disease, or Stroke/TIA Register, who have a recording of non-HDL-C in the preceding 12 months that is lower than 2.5 mmol/L, or, where non-HDL-C is not recorded,* ***a recording of LDL-C in the preceding 12 months that is lower than 1.8 mmol/L***

The 1.8 mmol/L LDL-C target in QOF may not be achievable for some patients with statins alone and **combination therapy may be required.**[1,2]

Framfield House Surgery – inclisiran project

What was the result?

QOF Income Improvement:

- Achieved all 16 points for CHOL002 within 4 months of starting the project (increased from 35% to 47.7%)
- Reduced the risk of another CV event in approximately 96 additional patients now at target LDL levels
- Approx. 78 patients established on inclisiran

Identified an additional 25+ patients eligible for inclisiran by:

- Inviting in 200+ patients who needed up to date lipid profiles
- Opportunistic identification through whole team awareness and education
- Improving coding of statin declined/not tolerated/max tolerated lipid lowering therapy

Patients happy + job satisfaction:

- Patients have been pleased to see their LDL reductions and are happy with the service provide.
- Nursing team are pleased to have another therapy option available

Patient Case Study 1

- Male, 51 years

Medical history:

- **Cardiovascular Disease (Previous NSTEMI)**
- Hypertension
- Hypothyroidism
- Smoker and moderate alcohol intake

Current medication:

Aspirin 75mg od, **Atorvastatin 80mg od, Ezetimibe 10mg od**, Bisoprolol 2.5mg od, GTN spray prn, Lansoprazole 15mg od, Levothyroxine 100mcg od, Ramipril 5mg od, Ticagrelor 60mg bd

Please refer to the respective SmPCs of these therapies for full information.

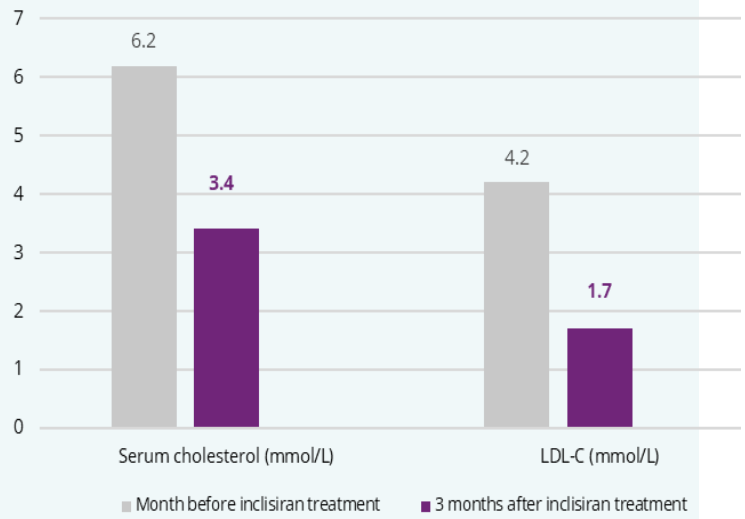
The effect of inclisiran on cardiovascular morbidity and mortality has not yet been established.

Review of management:

- ✓ Adherent to LLTs and other medication
- ✓ Discussed diet and lifestyle, alcohol reduction but declined smoking cessation
- ✓ Priority avoid second NSTEMI
- ✓ Happy to add inclisiran to current LLT (expecting bigger reduction in LDL-C)

Follow up blood test:

- **Total Cholesterol: 6.2 to 3.4**
- **LDL-C: 4.2 to 1.7**



LDL-C reduction = 59%

Case studies based on local data from speakers own clinical experience and not to be taken out of context, discussion can be substantiated from speakers on request
In the phase III clinical studies of ORION-10 and 11, the effect of Leqvio on LDL-C was not evaluated at 3 months after initiation. Please refer to the clinical trials for more information.
NSTEMI – Non ST elevated Myocardial Infarction; GTN – Glyceryl Trinitrate; od – Once Daily; PRN – when required; bd – Twice daily;

Patient Case Study 2

- Female, 66 years old, double lipid lowering therapy

Medical history:

- **MI and Coronary Bypass 2021**
- Obesity (BMI 42)
- Diabetes
- Hypertension (2002)

Current medication:

Atorvastatin 80mg, Ezetimibe 10mg, Bisoprolol 3.75mg, Candesartan 4mg, Clopidogrel 75mg, Empagliflozin 10mg, Furosemide 20mg

Please refer to the respective SmPCs of these therapies for full information.

Review of management:

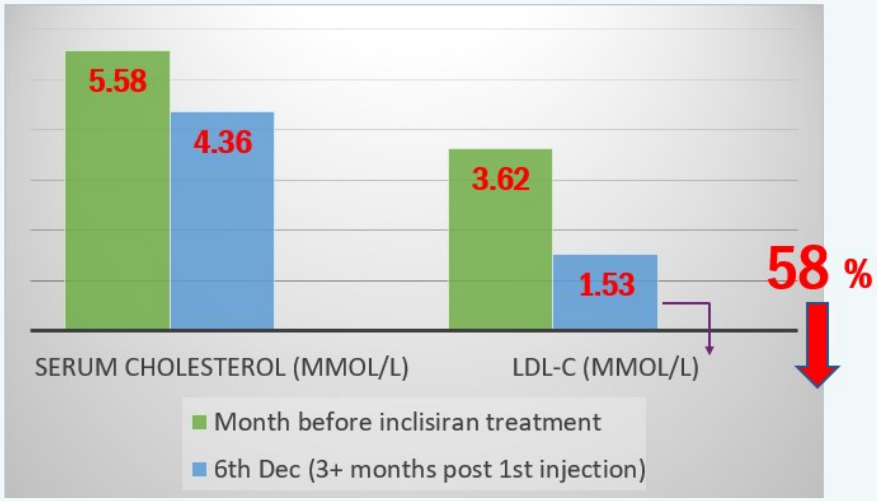
✓ Confirmed secondary prevention

✓ Max tolerated LLT, complex patient with polypharmacy

✓ Latest bloods - Cholesterol level 5.58, LDL 3.62

1st inclisiran dose 16th August 2023

Lab results: 6th Dec



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Patient Case Study 3

- Male, 51 years old, Atorvastatin 80mg

Medical history:

- **MI in 2020**
- Angina
- Persistent Hypertension

Current medication:

Atorvastatin 80mg, Bisoprolol 2.5mg, Ramipril 2.5mg, GTN

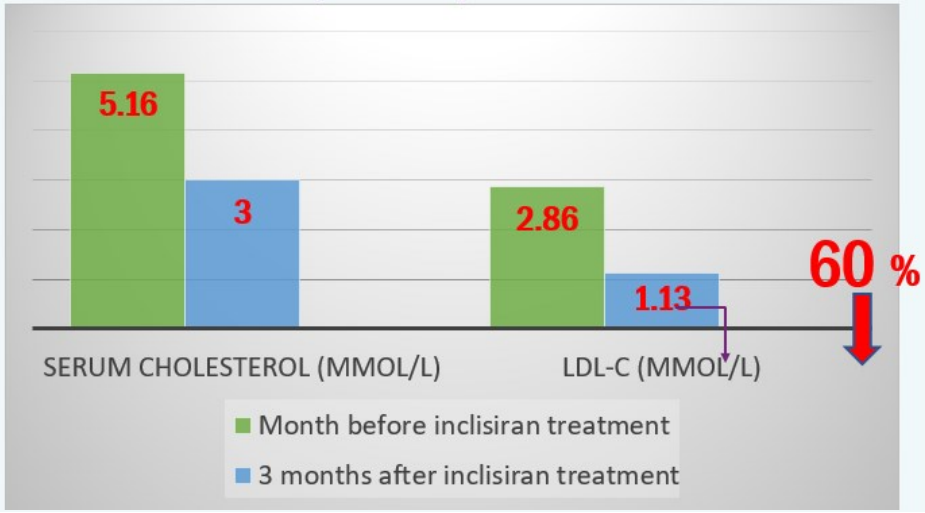
Please refer to the respective SmPCs of these therapies for full information.

Review of management:

- ✓ Confirmed secondary prevention
- ✓ Cholesterol not to target on max dose of Atorvastatin
- ✓ Latest bloods - Cholesterol level 6.24, LDL 3.96

1st inclisiran dose 24th October 2023

Lab results: 3 months post 1st Injection



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NSTEMI – Non ST elevated Myocardial Infarction; GTN – Glyceryl Trinitrate; od – Once Daily; PRN – when required; bd – Twice daily;

Patient Case Study 4

- Female, 77 years old, statin intolerant

Medical history:

- **Stroke 2014**
- Hypertension (2002)

Current medication:

Clopidogrel 75mg, Losartan 50mgd

Did not tolerate:

Simvastatin
Atorvastatin
Ezetimibe

Please refer to the respective SmPCs of these therapies for full information.

Review of management:

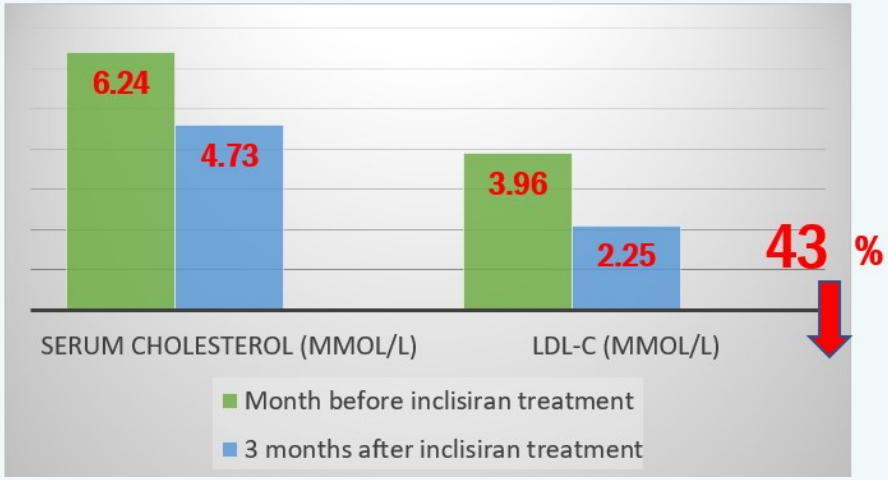
✓ Confirmed secondary prevention

✓ Intolerant of multiple statins/LLT agents

✓ Latest bloods Mar 2023 - Cholesterol level 6.24, LDL 3.96

1st inclisiran dose 26th April 2023

Lab results: 13th July 2023



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Conclusion

- Inclisiran can play a vital part in meeting lipid optimisation targets included in Year 23/24 QoF and PCN CVD DES, and improving patient outcomes by getting LDL levels to target

- Involving the whole team in your PCN and practices can collectively engage and manage patients' lipids, making every contact count and utilising ARRS roles such as PCN Pharmacists

- Get in touch, we want to help support you and your patients in successfully implementing inclisiran!

Next steps?

- What is your action plan when you return to practice/PCN?
- How are you planning to action QoF and the PCN CVD DES?
- How are you going to implement the support tools available for searches, identifying cohorts, invites and administration templates?
- Who in your team can contribute to this?
- How are you going to support your teams with Understand the National Lipid pathway, Statin intolerance pathway and Inclisiran knowledge?

For further help and support with implementing inclisiran, Arianne Dyball at Novartis can be contacted at **arianne.dyball@novartis.com.**

Jenni and Chloe can also be contacted directly:

Chloeproctor@nhs.net

Jenni.ball@nhs.net

References/Resources

- NHS England- Quality and Outcomes Framework guidance for 2023/24
- NHS England- Business Rules for Quality and Outcomes Framework (QOF) 2023/24- CHOLESTEROL
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- HQIP https://www.hqip.org.uk/wp-content/uploads/2023/03/Ref-376-CVDPREVENT-Third-Annual-Audit-Report.pdf
- NHS https://www.england.nhs.uk/aac/wp-content/uploads/sites/50/2020/04/lipid-management-pathway-v6.pdf
- Leqvio® Summary of Product Characteristics
- NICE. https://www.nice.org.uk/guidance/ta733/resources/inclisiran-for-treating-primary-hypercholesterolaemia-or-mixed-dyslipidaemia-pdf-82611252825541
- CVD training and resources - Health Innovation East
  - https://healthinnovationeast.co.uk/wp-content/uploads/2024/01/250124-CVD-Main_Guide_REV2.pdf
  - https://healthinnovationeast.co.uk/wp-content/uploads/2024/01/250124-Quick_Reference_Guide_REV2.pdf

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Thank you
Any questions?

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