A patient's guide to

INCLISIRAN▼
(LEQVIO®)

This leaflet is intended for patients who have been prescribed inclisiran for the treatment of high cholesterol.

▼This medicine is subject to additional monitoring. This will allow quick identification of new safety information. You can help by reporting any side effects you may get. See www.mhra.gov.uk/yellowcard for how to report side effects.

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LEQVIO®
inclisiran

INTRODUCTION

As you have been prescribed inclisiran by your healthcare professional, this leaflet aims to give you some useful information about your medicine. It will explain how inclisiran works and what you need to know when you are given it.

This leaflet is not intended to replace the patient information leaflet that comes with your medicine, which contains important information that may be useful for future reference.

Throughout this leaflet, you will find some words in **bold**. These words are described in more detail on pages 12 and 13.

IN THIS LEAFLET, YOU WILL FIND THE FOLLOWING INFORMATION:

WHY HAVE I BEEN PRESCRIBED INCLISIRAN?

Your healthcare professional has prescribed inclisiran for you because your cholesterol levels may be too high. This can increase the risk of developing cardiovascular disease, which includes conditions such as **angina**, **heart attack, stroke** and **peripheral arterial disease** (or **PAD**).

Because of this, it is important to lower your cholesterol levels with lifestyle changes and, if needed, medication as well.

Inclisiran is a medicine used to lower the levels of cholesterol in the blood. It is given to people with high levels of cholesterol due to any of the following causes:

- **Primary hypercholesterolaemia**: this may be non-familial (not inherited)
- **Primary hypercholesterolaemia**: this may be familial (inherited, heterozygous type only)
- **Mixed dyslipidaemia**: high levels of cholesterol and other fats, for example **triglycerides**, in the blood

Your healthcare professional may give you inclisiran alongside another type of cholesterol-lowering medication called a **statin**, if your cholesterol levels are not low enough with a **statin** alone. If you are unable to take a **statin**, you may be given inclisiran instead. Inclisiran may also be given alongside other cholesterol lowering therapies such as **ezetimibe**. You should ensure you continue to eat a healthy, low-fat diet along with your medication.

Inclisiran is only approved for use in adults. It is a prescription-only medicine, which means that it cannot be purchased over the counter.

WHY IS HIGH CHOLESTEROL A PROBLEM?

WHAT IS CHOLESTEROL?

Cholesterol is a type of fat that is made in the liver and also comes from some of the foods we eat. Healthy levels are regulated by the liver, which makes most of our cholesterol and also breaks it down. Cholesterol plays a key role in how your body works. It is needed to help cells to work, make bile to help you digest food, and make vitamin D and hormones.
Too much cholesterol, however, can be harmful. It can increase the risk of **cardiovascular disease** (often shortened to **CVD**), which affects the heart and blood vessels.

There are two main types of cholesterol carried in the bloodstream: LDL-cholesterol and HDL-cholesterol.

- **LDL (low-density lipoprotein)** contains lots of cholesterol. Its job is to carry cholesterol from the liver to the cells that need it. **LDL-cholesterol** is sometimes known as the 'bad' cholesterol, because high levels can increase the risk of **CVD**. You may also hear **LDL-C** or 'bad' cholesterol being called '**non-HDL-C**'. This is because we now know that there are other forms of cholesterol, aside from LDL, which also increase your risk of **CVD**
- **HDL (high-density lipoprotein)** contains very little cholesterol. Its job is to carry cholesterol from the cells back to the liver where it is broken down and removed from the body. It is sometimes known as the 'good' cholesterol, because it can protect against **CVD**

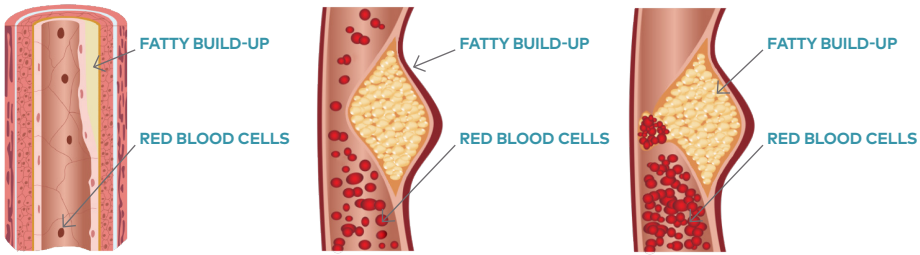
A blood test is the only way to find out whether your cholesterol levels are higher than they should be. In this leaflet, we will look at high levels of **LDL-cholesterol** and the risks associated with it.

Lowering LDL-cholesterol levels has been shown to reduce the risk of conditions that affect the heart and blood vessels

WHAT IS ATHEROSCLEROTIC CARDIOVASCULAR DISEASE?

When we talk about **CVD**, we refer to any of a number of conditions that affect the heart and blood vessels. High levels of the 'bad' cholesterol (**LDL-cholesterol**) can lead to fatty build-up in the walls of arteries. This process is known as **atherosclerosis**. It narrows the arteries and prevents the blood flowing through them properly, which can cause a type of **CVD** called **atherosclerotic CVD** or **ASCVD** for short. **ASCVD** includes conditions such as **angina**, **heart attack**, **stroke**, **PAD** and **coronary heart disease** (or **CHD**).

FATTY BUILD-UP CAN NARROW THE ARTERIES



High levels of LDL-cholesterol lead to fatty build-up in the walls of the arteries

The fatty build-up can grow over time, narrowing the artery

It can prevent blood from flowing through the artery properly

WHAT IS FAMILIAL HYPERCHOLESTEROLAEMIA?

Familial hypercholesterolaemia, also known as **FH**, is a form of **primary hypercholesterolaemia** that runs in families. It is an inherited condition that is caused by your genes. It causes very high levels of **LDL-cholesterol** and, if left untreated, can cause **CVD** at an early age. There are two types of **FH**; inclisiran is only approved to treat one of these conditions, **heterozygous FH**.

HOW IS HIGH CHOLESTEROL MANAGED?

If you have high cholesterol, you can help to reduce it with lifestyle changes, including a healthy, low-fat diet and physical activity. When these changes are not enough on their own, medicine is usually the next step to help you manage high cholesterol.

High cholesterol levels are in a sense 'invisible' – that is, you may not know you have them, unless you have a blood test or **CVD** develops. Because of this, it can be easy to forget how important it is to reduce them.

It is important to continue lifestyle changes, even once medication has been started.

These combined steps can make a huge difference to your cholesterol levels and cardiovascular health. You do not need to worry about your cholesterol levels becoming too low – there is no evidence to suggest that this is harmful.

LOW-FAT DIET

Changing to a healthier diet has been shown to substantially **reduce cholesterol levels, by over 10%**. There are other benefits too – protecting against high blood pressure and diabetes, and helping you maintain a healthy weight.

Dietary changes to help reduce your cholesterol include replacing **saturated** and **trans fats** with **monounsaturated** and **polyunsaturated fats**.

Type of fat	Should these be part of my diet?	Where is it found?
Monounsaturated fats	Yes, have these in small amounts. You can use these to replace saturated and trans fats	Olive oil, rapeseed oil, nuts and seeds
Polyunsaturated fats	Yes, have these in small amounts. You can use these to replace saturated and trans fats	Sunflower oil, nuts and seeds, and oily fish
Saturated fats	No. It is advisable to cut right down on saturated fats	Butter, hard cheese, whole milk, fatty meat, biscuits and cakes
Trans fats	No. It is best to avoid trans fats wherever possible	Processed foods such as pastries, biscuits, fast foods and some spreads

For more information, speak with your healthcare professional or refer to the links for the British Heart Foundation and HEART UK at the end of this leaflet.

OTHER DIETARY CHANGES

Regularly eating the following foods may have additional benefits in lowering your cholesterol levels:

- High-fibre foods including grains, pulses, fruit and vegetables
- Foods with added plant stanols and sterols (including some types of margerines and spreads)
- Unsalted nuts
- Soya

Cutting back on salt and sugar is also recommended.

EXERCISE

Doing regular exercise can lower **LDL-cholesterol** levels; experts recommend about **2 and a half hours every week**, over periods of 10–30 minutes. This should be moderate intensity exercise, which is enough to make you feel warm and slightly puffed out.

You can start to fit this into your daily routine, for example by opting for the stairs instead of the lift or walking instead of taking the car.

MEDICINES

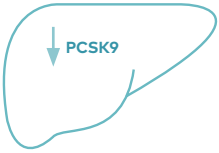
The most commonly used cholesterol-lowering medicines are **statins**. **Statins** can be very effective and can reduce your **LDL-cholesterol** by around 30%, and sometimes up to 50% (although this depends on the type of **statin** and the dose).

Ezetimibe is another medicine which can be used to lower **LDL-cholesterol**. It is often prescribed alongside a **statin** because of the added cholesterol lowering it offers.

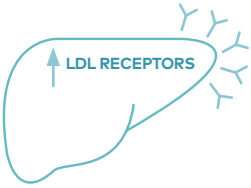
HOW DOES INCLISIRAN WORK?

Inclisiran is a type of medicine called an **siRNA inhibitor**, that works in a different way to the other existing cholesterol-lowering medicines you may have heard of. It triggers a series of events that increases the amount of **LDL-cholesterol** taken up into the liver to be broken down, resulting in lower amounts of **LDL-cholesterol** in the bloodstream.

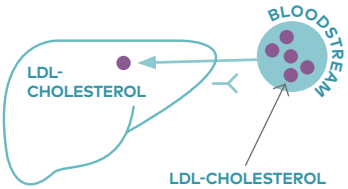
1 Inside the liver cell, inclisiran lowers the levels of a substance called **PCSK9**, which is a type of protein.



2 This increases the number of LDL receptors that sit on the surface of liver cells. LDL receptors may be thought of as 'doorways' to the cell.

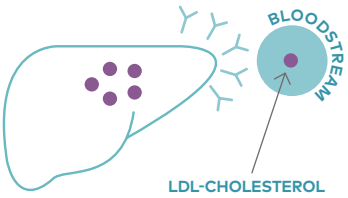


3 The LDL receptors (the 'doorways' to the cell) allow **LDL-cholesterol** to move from the bloodstream to the inside of the liver cell to be broken down.



4 More LDL receptors on the surface of the liver cells means more **LDL-cholesterol** can be let inside the liver cells, where it is broken down and removed from the body.

This means there is less **LDL-cholesterol** in the bloodstream and the risk of fatty build-up in the arteries is reduced.



Because of the way inclisiran works in the body, its effects last longer and you don't need to be given it as often as you might take other cholesterol-lowering medicines.

HOW, AND HOW OFTEN, WILL I BE GIVEN INCLISIRAN?

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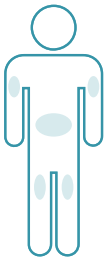
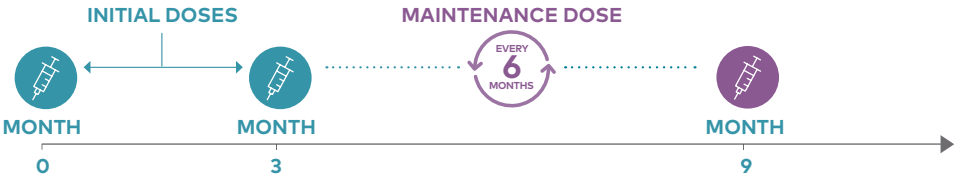


Inclisiran is given as an injection under the skin, by your healthcare professional.

It is usually given in the **abdomen** (the tummy area), but can also be given in the **upper arm or the thigh** (top of the leg). If you have any sunburn, skin rashes or infections, this area should be avoided.

HOW OFTEN WILL I BE GIVEN INCLISIRAN?

Inclisiran is given as a single injection when you start treatment, then another 3 months later. After these initial injections, inclisiran is given **every 6 months**.



You should continue to take any other medicines, including cholesterol-lowering medications, as advised by your healthcare professional.

Generally, treatment with inclisiran is intended to be ongoing rather than being given for a pre-specified amount of time. If you have any concerns about your treatment, please talk to your healthcare professional.

WHAT SHOULD I KNOW BEFORE I AM GIVEN INCLISIRAN?

SIDE EFFECTS OF INCLISIRAN

Like all medicines, some side effects may be experienced with inclisiran. The most common side effects are pain, redness and a rash on the area where the injection was given. These effects are generally mild or moderate and resolve in a short time.

PREGNANCY AND BREAST-FEEDING

As there is limited information about using inclisiran during pregnancy, you should tell your healthcare professional if you are pregnant or are planning to become pregnant. It is preferable to avoid having inclisiran if you are pregnant.

We do not know if inclisiran is present in human milk. If you are breast-feeding, speak with your healthcare professional.

OTHER CONSIDERATIONS

Inclisiran is not expected to interact with other medicines that you may be taking.

Inclisiran should not affect your ability to drive or use machinery.

NOTES

You can use this space to record any notes you may have, or questions to ask your healthcare professional at your next appointment.

SOME OF THE TERMS YOU MAY HEAR OR READ ABOUT

Angina: Pain or discomfort felt in your chest caused by partial narrowing of the arteries supplying the heart with blood. This narrowing is caused by fatty build-up in the walls of the arteries, and means that the heart does not get enough blood.

Atherosclerotic cardiovascular disease, or ASCVD: A type of cardiovascular disease (CVD) that is caused by fatty build-up in the walls of the arteries (**atherosclerosis**). ASCVD includes conditions such as **angina**, **heart attack**, **stroke**, **PAD** and **CHD**.

Atherosclerosis: Fatty build-up in the walls of arteries, leading to narrowing of the arteries. This is associated with high levels of 'bad' cholesterol, LDL-cholesterol, in the blood.

Cardiovascular disease, or CVD: A term used to refer to conditions that affect the heart or blood vessels. CVD can have many different causes.

Coronary heart disease, or CHD: Disease caused by fatty build-up in the walls of the arteries that supply the heart. This leads to reduced blood supply to the heart and symptoms such as chest pain (**angina**).

Ezetimibe: A type of medicine used to lower cholesterol in the blood.

Familial hypercholesterolaemia, or FH: A condition that runs in families and can cause very high levels of LDL-cholesterol and, if left untreated, can cause CVD at an early age. There are two types of FH: heterozygous and homozygous. Inclisiran is only approved for treating heterozygous FH.

Heart attack: A complete blockage in the arteries supplying the heart with blood, caused by fatty build-up in their walls. This leads to damage to the area of heart supplied by these arteries. A heart attack is a medical emergency and should be treated immediately.

Heterozygous familial hypercholesterolaemia, or heterozygous FH: People with this type of FH only inherit one faulty gene. Inclisiran is only approved for treating this type of FH.

HDL-cholesterol (high-density lipoprotein cholesterol): Sometimes known as the 'good' cholesterol. HDL picks up cholesterol from cells where it is not needed, and transports it as HDL-cholesterol back to the liver, to be broken down.

LDL-cholesterol (low-density lipoprotein cholesterol): Sometimes known as the 'bad' cholesterol, LDL-cholesterol is carried from the liver to the cells that need it. If there is too much of this cholesterol, it can build-up in the walls of the arteries, narrowing them and preventing the blood flowing through them properly. This increases the risk of ASCVD.

Mixed dyslipidaemia: High levels of cholesterol and other fats, for example triglycerides, in the blood.

Monounsaturated fats: A type of fat found in olive oil, nuts and seeds. Monounsaturated fats and polyunsaturated fats can replace saturated fats as part of a healthy diet.

Non-familial hypercholesterolaemia: A form of primary hypercholesterolaemia. Non-familial hypercholesterolaemia is caused by genes interacting with other risk factors, like diet and smoking.

Non-HDL cholesterol: All of your 'bad' cholesterol (including LDL cholesterol), which can increase your risk of ASCVD. We now know that LDL-cholesterol is not the only form of cholesterol that increases this risk.

PCSK9 (proprotein convertase subtilisin kexin 9): A protein found in the liver. High levels of PCSK9 can cause high levels of LDL-cholesterol in the blood.

PCSK9 inhibitor: A type of medicine that stops PCSK9 from working, which leads to lower LDL-cholesterol levels in the blood.

Peripheral arterial disease, or PAD: Restriction of blood supply, in the outer arteries of the body, due to fatty build-up causing the arteries to narrow. PAD usually affects the leg muscles. It is often associated with an ache in the legs when walking.

Polyunsaturated fats: A type of fat found in sunflower oil, nuts and seeds, and oily fish. Unsaturated fats and monounsaturated fats can replace saturated fats as part of a healthy diet.

Primary hypercholesterolaemia: High levels of cholesterol in the blood, which are caused by your genes. There are two types: familial hypercholesterolaemia and non-familial hypercholesterolaemia. Familial hypercholesterolaemia is caused by a single gene and runs in families, while non-familial hypercholesterolaemia is caused by genes interacting with other factors, like diet and smoking.

Saturated fats: A type of fat found in butter, hard cheese, whole milk, fatty meat, biscuits and cakes. Cutting down on saturated fats can help to lower cholesterol.

siRNA inhibitor: Inclisiran is a type of drug called an siRNA inhibitor. Inclisiran works by stopping the liver from making the PCSK9 protein.

Statin: A class of medicine that is widely used to lower cholesterol. Examples include atorvastatin, fluvastatin, pravastatin, rosuvastatin and simvastatin.

Stroke: A stroke is caused by reduced blood flow to part of the brain, leading to damage to the brain cells there. A stroke is a medical emergency and should be treated immediately.

Total cholesterol: A measure of the overall amount of cholesterol in the blood, including the different types such as LDL and HDL.

Trans fats: A type of fat found in store-bought pastries, biscuits, fast foods and some spreads. Trans fats should be avoided wherever possible to help lower cholesterol.

Triglycerides: Another type of fat found in the blood. Triglycerides are taken to the body's cells where they are used for energy or stored for later. They are found in certain foods such as dairy, meat and cooking oil.

DOSING LOG

Your healthcare professional will let you know when your next dose of inclisiran is needed. For your reference, you may find it useful to keep a record of when you had your last dose.

Dose number	Date of dose
1 (0 months)	dd/mm/yy
2 (3 months)	dd/mm/yy
3 (9 months)	dd/mm/yy
4 (15 months)	dd/mm/yy
5 (21 months)	dd/mm/yy
6 (every 6 months onwards)	dd/mm/yy

LDL-CHOLESTEROL TRACKER

On the date of _dd/mm/yy_ my **LDL-cholesterol** level was: _____.

My healthcare professional advised that I should aim for a reduction of _____ %, or a level of _____.

Your healthcare professional may take various different measures of cholesterol, so ask them for your LDL-cholesterol reading specifically. You can use this chart to plot your LDL-choleterol levels. Add the date of your LDL-cholesterol reading at the top of the column, and then mark your reading for that date with an 'X' along the line corresponding to your LDL-cholesterol level. This will help you see how your levels change over time.

LDL-cholesterol chart

If you have any questions regarding your condition or your treatment, please speak with your healthcare professional.

For further information on **CVD** and support, please visit:

https://www.heartuk.org.uk

https://www.bhf.org.uk

For further information on inclisiran, please ask your HCP for a copy of the patient information leaflet which comes with the medicine.
This can also be accessed online:
https://www.medicines.org.uk/emc/product/12039/pil

Reporting of side effects

If you get any side effects with any medication you are taking, talk to your doctor, pharmacist or nurse.
This includes any possible side effects not listed in the information leaflet that comes in the pack.
The medicine referred to in this material is subject to additional monitoring. This will allow quick identification of new safety information.
You can help by reporting any side effects you may get.
Please see **www.mhra.gov.uk/yellowcard** (UK) for instructions on how to report side effects.

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