ADVERTISEMENT FEATURE

QOF Update 2023/24: The 'need to knows' of lipid management

LEQVIO▼ (inclisiran) is indicated in adults with primary hypercholesterolaemia (heterozygous familial and non-familial) or mixed dyslipidaemia, as an adjunct to diet:[1]

- In combination with a statin or statin with other lipid-lowering therapies in patients unable to reach LDL-C goals with the maximum tolerated dose of a statin, or
- Alone or in combination with other lipid-lowering therapies in patients who are statin-intolerant, or for whom a statin is contraindicated.

The Quality and Outcomes Framework (QOF) rewards general practices financially for delivering interventions and achieving patient outcomes using evidence-based indicators developed by the National Institute for Health and Care Excellence (NICE).[2] **The 2023/24 QOF includes two new cholesterol indicators (worth 30 points and £36 million).[3]**

There are 6.4 million people currently living with cardiovascular disease (CVD) in England, making it a priority for improvement as outlined in the NHS Long Term Plan.[4,5] Heart and circulatory diseases are responsible for 25% of all deaths in England, which is equivalent to one death every four minutes.[4]

Hypercholesterolaemia is a key risk factor for CVD.[6] Worryingly, in England, only 23.7% of CVD patients are reaching their cholesterol targets of non-high-density lipoprotein cholesterol (non-HDL-C) less than 2.5mmol/L or LDL-C less than 1.8mmol/L.[17]

Cholesterol Control and Lipid Management (CHOL) indicators:[8]

For patients on the QOF Coronary Heart Disease, Peripheral Arterial Disease, Stroke/Transient Ischaemic Attack (TIA) or Chronic Kidney Disease Register, the following indicators have been confirmed for 2023/24:[8]

1. 70% to 95% should be prescribed a statin or, where a statin is declined or clinically unsuitable, another lipid-lowering therapy

2. 20% to 35% of patients should have a recording of non-HDL cholesterol in the preceding 12 months that is lower than 2.5mmol/L or, where non-HDL cholesterol is not recorded, a recording of LDL-C in the preceding 12 months that is lower than 1.8 mmol/L

Reducing LDL-C greatly reduces the risk of a first major cardiovascular event (MACE).[9] In fact, a 21% risk reduction of a first MACE is achieved for every 1mmol/L LDL-C reduction in the first year of statin therapy; in *each* subsequent year, this increases to a 24% risk reduction.*[9,10] **In this way, QOF LDL-C targets support the delivery of the NHS Long Term Plan.**[5,8]

*The effect of LEQVIO® on cardiovascular morbidity and mortality has not yet been determined[10]

Helping your patients reach their LDL-C targets

Statin monotherapy is insufficient to reach LDL-C goals in many patients[11]

Although statins have proven to be an efficacious LDL-C lowering medication, they may not be sufficient or appropriate for every patient need.[11] For example, in a study of patients with coronary heart disease or atherosclerotic CVD (ASCVD), 28.3% to 34.8% of patients taking atorvastatin had LDL-C levels <1.8mmol/L, regardless of dose measured between 3 months and 1 year following the first prescription.[12] Some patients may benefit from additional or alternative approaches for LDL-C lowering.[11]

In instances where patients are unable to reach their LDL-C goals with statins alone, LEQVIO can be used in combination with a maximally tolerated statin to help your secondary prevention patients reach their LDL-C targets.[1,13]

How does LEQVIO prescribing fit with the new QOF indicators?

In ORION-10 (n=1,561), LEQVIO reduced LDL-C by 52% at month 17, as compared with baseline, in patients with ASCVD on a maximally tolerated statin (95% CI: -55.7 to -48.8; *P*<0.001; percentage change in LDL-C of 1.0% with placebo and -51% with LEQVIO).‡[1,13] LEQVIO delivered a time-adjusted LDL-C reduction of 54% from baseline after day 90 and up to day 540 (95% CI: -56.2 to -51.3; *P*<0.001; time-adjusted change in LDL-C of 2.5% with placebo and -51.3% with LEQVIO).‡[1,13]

In ORION-11 (n=1,617), LEQVIO reduced LDL-C by 50% as compared with baseline at month 17 (95% CI: -53.1 to -46.6; *P*<0.001; percentage change in LDL-C of 4.0% with placebo and -46% with LEQVIO). The time-adjusted LDL-C reduction was 49% after day 90 and up to day 540 (95% CI: -51.6 to -46.8; *P*<0.001; time-adjusted change in LDL-C of 3.4% with placebo and -45.8% with LEQVIO).‡[1,13]

At day 510 of the ORION-10 and ORION-11 studies, in patients with LDL-levels of <100mg/dL, 83.4% and 49.6% attained the LDL-C target with LEQVIO and placebo, respectively.[14]

LEQVIO® was generally well tolerated, with a safety profile similar to placebo apart from injection-site reactions.[1,15] Equally, no new safety signals have been observed with almost 10,000 patient-years of exposure and 20,000 injections.§[16,17]

Looking forward: getting started with LEQVIO

LEQVIO® offers your patients effective and sustained LDL-C reductions in combination with a maximally tolerated statin (up to 18 months) with two maintenance doses a year.[1,13] After an initial dose, inclisiran is administered again at 3 months, followed by every 6 months.[1,13]

Following release of guidance from the National Institute of Health and Care Excellence (NICE) on LEQVIO in 2021, an agreement

between Novartis and the NHSE&I aims to develop and/or optimise patient pathways to support improved lipid management.[18]

With CVD being primarily managed in primary care, identification, and treatment for patients suitable for LEQVIO are critical to meet these new QOF indicators.[5,19] If you are seeing secondary prevention patients who have persistently elevated LDL-C levels (≥2.6 mmol/L) despite maximum tolerated statins, LEQVIO could be your next step.[20]

Prescribe LEQVIO® with confidence in your eligible patients and help them reach QOF LDL-C targets.[1,8,13]

†Data from the Third Annual Audit Report for the CVDPREVENT covering the period up to March 2022, at a national level. Data was received from 96.6% of GP practices, including approximately 18 million patients.

‡ ASCVD was defined as coronary heart disease, cerebrovascular disease or peripheral arterial disease.[13] ASCVD risk equivalents included type 2 diabetes, HeFH, or a 10-year risk of a cardiovascular event of ≥20% as assessed by the Framingham Risk Score for Cardiovascular Disease or equivalent.

§From a pooled cohort of 3,576 patients treated with LEQVIO®, assuming a dosing frequency of two injections per year, with an average treatment duration of 2.8 years.[17]

References

1. LEQVIO®. Summary of Product Characteristics. Accessed May 2023. https://www.medicines.org.uk/emc/product/12039/smpc#gref
2. Forbes LJ, Marchand C, Doran T, Peckham S. The role of the Quality and Outcomes Framework in the care of long-term conditions: a systematic review. *Br J Gen Pract*. 2017;67(664):e775-e784.
3. NHS. Changes to the GP Contract in 2023/24. Accessed May 2023. https://www.england.nhs.uk/long-read/changes-to-the-gp-contract-in-2023-24/
4. British Heart Foundation. England Factsheet. Published online 2023. Accessed May 2023. https://www.bhf.org.uk/-/media/files/for-professionals/research/heart-statistics/bhf-cvd-statistics-england-factsheet.pdf
5. NHS. The NHS Long Term Plan. Accessed May 2023. https://www.longtermplan.nhs.uk/publication/nhs-long-term-plan/
6. Cheema KM, Dicks E, Pearson J, Samani NJ. Long-term trends in the epidemiology of cardiovascular diseases in the UK: insights from the British Heart Foundation statistical compendium. *Cardiovasc Res*. 2022;118(10):2267-2280.
7. *HQIP. CVDPREVENT Third Annual Audit Report.;* 2023. Accessed May 2023. https://www.hqip.org.uk/wp-content/uploads/2023/03/Ref-376-CVDPREVENT-Third-Annual-Audit-Report.pdf
8. NHS. Quality and Outcomes Framework Guidance for 2023/24. 2023. Accessed May 2023. https://www.england.nhs.uk/publication/quality-and-outcomes-framework-guidance-for-2023-24/
9. Cholesterol Treatment Trialists' (CTT) Collaboration, Baigent C, Blackwell L, et al. Efficacy and safety of more intensive lowering of LDL cholesterol: a meta-analysis of data from 170,000 participants in 26 randomised trials. *Lancet*. 2010;376(9753):1670-1681.
10. Collins R, Reith C, Emberson J, et al. Interpretation of the evidence for the efficacy and safety of statin therapy. *Lancet*. 2016;388(10059):2532-2561.
11. Krähenbühl S, Pavik-Mezzour I, von Eckardstein A. Unmet Needs in LDL-C Lowering: When Statins Won't Do! *Drugs*. 2016;76(12):1175-1190.
12. Marrett E, Zhao C, Zhang NJ, et al. Limitations of real-world treatment with atorvastatin monotherapy for lowering LDL-C in high-risk cardiovascular patients in the US. *Vasc Health Risk Manag*. 2014;10:237-246.
13. Ray KK, Wright RS, Kallend D, et al. Two Phase 3 Trials of Inclisiran in Patients with Elevated LDL Cholesterol. *New England Journal of Medicine*. 2020;382(16):1507-1519.
14. Ray KK, Wright RS, Kallend D, et al. Two Phase 3 Trials of Inclisiran in Patients with Elevated LDL Cholesterol (supplementary apprendix). *New England Journal of Medicine*. 2020;382(16):1507-1519.
15. Raal FJ, Kallend D, Ray KK, et al. Inclisiran for the Treatment of Heterozygous Familial Hypercholesterolemia. *New England Journal of Medicine*. 2020;382(16):1520-1530.
16. Wright S. Presentation 910-06 at ACC.23 together with WCC, JACC March 7, 2023.
17. Wright SR et al. Poster presented at ACC.23 together with WCC, March 2023.
18. Inclisiran programme in England. Accessed May 2023. https://www.health.novartis.co.uk/medicines/cardio-metabolic/inclisiran/english-programme#collapse_023471
19. Hinton W, McGovern A, Coyle R, et al. Incidence and prevalence of cardiovascular disease in English primary care: a cross-sectional and follow-up study of the Royal College of General Practitioners (RCGP) Research and Surveillance Centre (RSC). *BMJ Open*. 2018;8(8):e020282.
20. NICE. Inclisiran for treating primary hypercholesterolaemia or mixed dyslipidaemia [TA733]. Published online 2021.

Prescribing information

Great Britain Prescribing Information: LEQVIO®▼ (inclisiran)
Important note: Before prescribing, consult the Summary of Product Characteristics (SmPC).
Presentation: Pre-filled syringe containing inclisiran sodium equivalent to 284 mg inclisiran in 1.5 ml solution. **Indication(s)**: Leqvio is indicated in adults with primary hypercholesterolaemia (heterozygous familial and non-familial) or mixed dyslipidaemia, as an adjunct to diet: - in combination with a statin or statin with other lipid lowering therapies in patients unable to reach LDL-C goals with the maximum tolerated dose of a statin, or - alone or in combination with other lipid lowering therapies in patients who are statin intolerant, or for whom a statin is contraindicated. **Dosage and administration**: The recommended dose is 284 mg inclisiran administered as a single subcutaneous injection: initially, again at 3 months, followed by every 6 months. *Missed doses:* If a planned dose is missed by less than 3 months, inclisiran should be administered and dosing continued according to the patient's original schedule. If a planned dose is missed by more than 3 months, a new dosing schedule should be started – inclisiran should be administered initially, again at 3 months, followed by every 6 months. *Treatment transition from monoclonal antibody PCSK9 inhibitors:* Inclisiran can be administered immediately after the last dose of a monoclonal antibody PCSK9 inhibitor. To maintain LDL C lowering it is recommended that inclisiran is administered within 2 weeks after the last dose of a monoclonal antibody PCSK9 inhibitor. *Special populations:* No dose adjustment required for patients with mild or moderate hepatic impairment, mild, moderate or severe renal impairment or end-stage renal disease (use with caution in severe renal impairment) or elderly patients. *Administration:* Subcutaneous injection into abdomen (alternatively, the upper arm or thigh). Injections should not be given into areas of active skin disease or injury such as sunburns, skin rashes, inflammation or skin infections. Inclisiran is intended for administration by a healthcare professional. **Contraindications**: Hypersensitivity to active ingredient or any of the excipients. **Warnings/Precautions**: *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. **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. Therefore, inclisiran 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. **Fertility, pregnancy and lactation**: *Pregnancy:* No or limited data available from the use of inclisiran in pregnant women. Animal studies do not indicate any 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. 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. **Undesirable effects:** Common (≥1/100 to <1/10): adverse reactions at injection site including site reaction, pain, erythema and rash. All reactions were mild or moderate in severity, transient and resolved without sequelae. *Other Adverse Effects:* Please consult the Summary of Product Characteristics for a detailed listing of all adverse events before prescribing. **Legal classification:** POM **Marketing Authorisation (MA) number, quantities and price:** PLGB 00101/1202 Leqvio 284mg pre-filled syringe £1987.36 (ex. VAT) per pack (1 pre-filled syringe). **Date of last revision of prescribing information**: October 2022 (ID 244658) **Full Prescribing Information available from**: Novartis Pharmaceuticals UK Limited, 2nd Floor, The WestWorks Building, White City Place, 195 Wood Lane, London, W12 7FQ. Telephone: (01276) 692255.

Northern Ireland Prescribing Information: LEQVIO®▼ (inclisiran)
Important note: Before prescribing, consult the Summary of Product Characteristics (SmPC).
Presentation: Pre-filled syringe containing inclisiran sodium equivalent to 284 mg inclisiran in 1.5 ml solution. **Indication(s)**: Leqvio is indicated in adults with primary hypercholesterolaemia (heterozygous familial and non-familial) or mixed dyslipidaemia, as an adjunct to diet:- in combination with a statin or statin with other lipid lowering therapies in patients unable to reach LDL-C goals with the maximum tolerated dose of a statin, or- alone or in combination with other lipid lowering therapies in patients who are statin intolerant, or for whom a statin is contraindicated. **Dosage and administration**: The recommended dose is 284 mg inclisiran administered as a single subcutaneous injection: initially, again at 3 months, followed by every 6 months. *Missed doses:* If a planned dose is missed by less than 3 months, inclisiran should be administered and dosing continued according to the patient's original schedule. If a planned dose is missed by more than 3 months, a new dosing schedule should be started – inclisiran should be administered initially, again at 3 months, followed by every 6 months. *Treatment transition from monoclonal antibody PCSK9 inhibitors:* Inclisiran can be administered immediately after the last dose of a monoclonal antibody PCSK9 inhibitor. To maintain LDL C lowering it is recommended that inclisiran is administered within 2 weeks after the last dose of a monoclonal antibody PCSK9 inhibitor. *Special populations:* No dose adjustment required for patients with mild or moderate hepatic impairment, mild, moderate or severe renal impairment or end-stage renal disease (use with caution in severe renal impairment) or elderly patients. *Administration:* Subcutaneous injection into abdomen (alternatively, the upper arm or thigh). Injections should not be given into areas of active skin disease or injury such as sunburns, skin rashes, inflammation or skin infections. Inclisiran is intended for administration by a healthcare professional. **Contraindications**: Hypersensitivity to active ingredient or any of the excipients. **Warnings/Precautions**: *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. **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. Therefore, inclisiran 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. **Fertility, pregnancy and lactation**: *Pregnancy:* No or limited data available from the use of inclisiran in pregnant women. Animal studies do not indicate any 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. 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. **Undesirable effects:** Common (≥1/100 to <1/10): adverse reactions at injection site including site reaction, pain, erythema and rash. All reactions were mild or moderate in severity, transient and resolved without sequelae. *Other Adverse Effects:* Please consult the Summary of Product Characteristics for a detailed listing of all adverse events before prescribing. **Legal classification:** POM **Marketing Authorisation (MA) number, quantities and price:** EU/1/20/1494/001 Leqvio 284mg pre-filled syringe £1987.36 (ex. VAT) per pack (1 pre-filled syringe); EU/1/20/1494/002 Leqvio 284mg pre-filled syringe with needle guard £1987.36 (ex. VAT) per pack (1 pre-filled syringe). **Date of last revision of prescribing information**: October 2022 (ID 244660) **Full Prescribing Information available from**: Novartis Pharmaceuticals UK Limited, 2nd Floor, The WestWorks Building, White City Place, 195 Wood Lane, London, W12 7FQ. Telephone: (01276) 692255.

Adverse Event Reporting: Adverse events should be reported. Reporting forms and information can be found at www.mhra.gov.uk/yellowcard. Adverse events should also be reported to Novartis via uk.patientsafety@novartis.com or online through the pharmacovigilance intake(PVI) tool at novartis.com/report

If you have a question about the product, please contact Medical Information on 01276698370 or by email at medioinfo.uk@novartis.com

LEQVIO®▼ (inclisiran) injection 284 mg/1.5 ml