

SHARED CARE AGREEMENT



Name of medicine Evolocumab (Repatha)
Indication Hypercholesterolaemia and elevated (atherosclerotic) cardiovascular risk

Version: 2.0

Approval date: **September 2025**

Review date: **September 2028**

The Shared Care Agreement (SCA) is intended to facilitate the accessibility and safe prescribing of complex treatments across the secondary/primary care interface. It does not contain all of the relevant product information, which should be sought using the current British National Formulary and manufacturer's Summary of Product Characteristics. The SCA must be used in conjunction with the NHS Lothian Procedure for the Shared Care of Medicines, available [here](#).

Roles and responsibilities

Listed below are specific responsibilities that are additional to those included in the NHS Lothian Policy and Procedures for Shared Care. Please refer to the policy for core roles and responsibilities that apply to all Shared Care Agreements.

Consultant – Lipid Clinic (RIE)

Assessment and initiation – up to 12 weeks

- Assessment of eligibility for therapy, patient counselling
- Initial patient training, including self-administration of s/c injection
- Short-term prescription (6 doses, over 12 weeks) to establish tolerability and lipid-lowering efficacy
- Patient will be advised to contact lipid clinic to report adverse effects, or for advice regarding administration, storage, auto-injector pen disposal etc
- Repeat and review lipid profile (8 to 12 weeks). Assess indication for long-term therapy. Consider further short-term prescription if required
- Where long-term therapy is indicated (from 12 weeks), write to GP to request long-term prescription. The latter should include reference to this shared-care agreement.

Longer-term shared care – beyond 12 weeks

- Minimum further follow-up at Lipid Clinic: 6 months, 12 months
- Discharge from lipid clinic if Evolocumab is well-tolerated and effective (consistent non-HDL cholesterol reduction). Provide GP with clear advice on long-term follow-up.
{*Note that patients with genetically-confirmed Familial Hypercholesterolaemia will in most cases remain under lipid clinic follow-up.*}
- Provide email or telephone advice, or accept re-referral for discharged patients who develop adverse effects, or where there is concern over lipid-lowering efficacy.

General Practitioner

- Consider Lipid Clinic recommendation for long-term Evolocumab prescribing from primary care
- Recommend annual (non-fasting) lipid profile (only applicable where patients no longer under Lipid Clinic follow-up)
- Consider seeking email or telephone advice (or re-refer to lipid clinic) where patients develop adverse effects, or there is concern over lipid-lowering efficacy.

Patient, relatives, carers

- Contact lipid clinic directly regarding suspected adverse effects, or other matters related to Evolocumab
- *Otherwise, responsibilities as per: NHS Lothian Policy and Procedures for the Shared Care of Medicines.*

Support and Advice for the GP

- Loth.BioLipidsAdvice@nhs.scot
- Lipid Clinic, RIE: 0131 242 6870, 0131 242 6853
- Advice can also be sought through SCI-gateway referral to Lipid Clinic, RIE

Key Information on the Medicine

Please refer to the current edition of the British National Formulary (BNF), available at www.bnf.org, and Summary of Product Characteristics (SPC), available at www.medicines.org.uk for detailed product and prescribing information and specific guidance.

Background to disease and use of drug for the given indication

Evolocumab is a monoclonal PCSK9 inhibitor. PCSK9 inhibitors lower non-HDL cholesterol by increasing the number of LDL-receptors available to remove non-HDL cholesterol from the circulation. (Note: Evolocumab is NOT an immunosuppressive drug.) Non-HDL cholesterol lowering provides significant atherosclerotic cardiovascular risk (CV) reduction in those at high CV risk, and with elevated non-HDL cholesterol.

Indication

Evolocumab is licensed for adults with primary hypercholesterolaemia (heterozygous familial and non-familial) or mixed dyslipidaemia, and those with established atherosclerotic disease. It is also indicated for those >12 years-old with homozygous familial hypercholesterolaemia.

The East Region Formulary lists Evolocumab for restricted use in adults only, as recommended by the SMC. The SMC advice is intended to reserve therapy for those at high risk of (atherosclerotic) cardiovascular disease, AND with a significantly raised LDL-C despite maximally tolerated statin and/or ezetimibe treatment:

1. Familial Hypercholesterolaemia
 - a. LDL-C \geq 5.0 mmol/L – primary prevention
 - b. LDL-C \geq 3.5 mmol/L – secondary prevention
2. Secondary prevention
 - a. LDL-C \geq 4.0 mmol/L – single cardiovascular event
 - b. LDL-C \geq 3.5 mmol/L – multiple, or polyvascular cardiovascular events

Dosage and administration

- 140 mg self-administered by a single subcutaneous injection, every 2 weeks
- No dose adjustment required for age, body weight, race or gender

Note: full details are available within the SPC and BNF. Key information is included here for speed of access.

Monitoring

Test	Frequency	Abnormal Result	Action if Abnormal Result
Full lipid profile [Lipid Clinic to review]	Once (at 8 to 12 weeks)	Non-HDL cholesterol reduction <20%	Lipid clinic to review patient
Full lipid profile* [GP to review, where patient no longer under lipid clinic follow-up]	Annual*	LDL-C >2.5 mmol/L for secondary prevention	Review adherence, consider re-referral to lipid clinic

*Annual lipid monitoring is not mandatory for patients on long-term Evolocumab therapy. However it is consistent with guideline recommendations for long-term management of all secondary prevention patients (whether treated with Evolocumab or not). Less (or more) frequent monitoring may be tailored to the needs of the patient.

Cautions, contraindications - Refer to current Summary of Product Characteristics (SPC): www.medicines.org.uk

Contraindications

- Hypersensitivity to the active substances, or to any of the excipients (latex-derivative needle cover)

Cautions

- Not licensed for use in: pregnancy, breast-feeding. Patients will be counselled by the lipid clinic at initiation regarding the risk of treatment during pregnancy or breastfeeding. Seek lipid clinic advice if inadvertently prescribed during pregnancy or breast-feeding.
- SPC states no dose-adjustment required for eGFR <30. However local (lipid clinic) recommendation is to prescribe with caution in this group of patients. Lipid clinic will be responsible for risk assessment.
- Limited data in patients with severe hepatic impairment (Child-Pugh class C)

Note: full details are available within the SPC and BNF. Key information is included here for speed of access.

Adverse effects - Refer to current Summary of Product Characteristics (SPC): www.medicines.org.uk

- **Common (≥1/100 to <1/10):** local injection site reactions (including erythema, pain, bruising), influenza, nasopharyngitis, upper respiratory tract infection, back pain, arthralgia, rash and nausea
- **Uncommon (≥1/1,000 to <1/100):** urticaria
- **Rare or very rare:** angioedema
- A history consistent with a genuine adverse effect typically involves significant symptoms in the 48-72 hr following a dose, which then diminish until the next 2-weekly dose is administered. Monitoring symptoms while omitting 1 to 2 doses may also help to determine whether they represent an Evolocumab-mediated adverse effect.
- Contact Lipid Clinic, RIE (contact details above) for further information/advice

Note: full details are available within the SPC and BNF. Key information is included here for speed of access.

Drug interactions - Refer to current Summary of Product Characteristics (SPC): www.medicines.org.uk

- Statins: ~20% reduction in systemic exposure to Evolocumab when co-administered with a statin. This does not adversely impact lipid-lowering efficacy, and does not affect dosing recommendations.
- There are no known interactions with other medications.

Note: full details are available within the SPC and BNF. Key information is included here for speed of access.

The presence of this Shared Care Agreement does not compel a primary care prescriber to prescribe if they feel that it is out with the scope of their competencies (as per GMC guidance on safe prescribing) or resources, as ultimate responsibility lies with the prescribing, not the recommending, clinician.

For office use only:

Approved by the General Practice Prescribing Committee (GPPC) on 9th September 2025