

# Evolocumab

(for primary hypercholesterolaemia or mixed dyslipidaemia)

## GP Information Sheet

### Introduction

Evolocumab belongs to the class of drugs called PCSK9 inhibitors. It is a monoclonal antibody which binds to PCSK9 and prevents PCSK9-mediated degradation of the low-density lipoprotein receptor in the liver. It therefore reduces LDL-cholesterol, and has also been shown to reduce cardiovascular events.

Evolocumab is accepted for use for:

- adults with hypercholesterolaemia as an adjunct to diet:
  - in combination with a statin or 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.

[NICE Technology Appraisal 394](#) contains full details of the criteria a patient must fulfil in order to qualify for treatment with evolocumab.

### Dosage and administration

Primary hypercholesterolaemia and mixed dyslipidaemia in adults: 140 mg subcutaneously every 2 weeks. A dose of 420 mg once monthly is available, and is clinically equivalent, but this dose is not recommended by NICE TA 394.

Evolocumab is initiated by secondary care who will also arrange training to support self-administration by the patient.

It is injected subcutaneously into the abdomen, thigh or upper arm.

### Available as

Evolocumab 140 mg solution for injection in pre-filled syringe or pre-filled pen (should be stored between 2 - 8 °C).

Also available is Evolocumab 420 mg solution for injection in cartridge. This preparation is not recommended by NICE TA 394. Evolocumab should be prescribed with a 1L sharps bin.

### Monitoring requirements

The lipid profile is measured but no additional blood tests are required. There is no additional monitoring required for this agent itself. Monitoring of lipid profiles and the underlying condition will depend on the severity of the hyperlipidaemia.

Patients attending specialist lipid clinics: ongoing monitoring of lipids usually remains with the specialist clinic.

Cardiology patients: once stable, ongoing monitoring of lipids along with other cardiovascular risk factors should follow the usual primary care secondary prevention guidelines.

### Adverse effects, precautions and contraindications

Commonly reported side effects are: nasopharyngitis, upper respiratory tract infection, back pain, arthralgia, influenza, rash, nausea and hypersensitivity. Angioedema has been reported rarely.

Hepatic impairment: moderate hepatic impairment may reduce efficacy. Use with caution in severe hepatic impairment.

The needle cover of both devices are made from dry natural rubber (a derivative of latex), which may cause severe allergic reactions.

### Common drug interactions

No statin dose adjustments are necessary when used in combination with evolocumab.

### Communication

For any queries relating to this patient's treatment with evolocumab, please contact the initiating specialist.

This information is not inclusive of all prescribing information and potential adverse effects.

Please refer to full prescribing data in the SPC or the BNF

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