



NEWSLETTER FOR THE NATIONAL FH REGISTRY

April 2024



New PCKS9 inhibitor now listed on PBS

In addition to dietary measures, treatments to lower LDL-cholesterol are critical to maintaining health for people with high cholesterol; particularly those with

familial hypercholesterolemia (FH). Leqvio (inclisiran) is a new medication designed to reduce LDL-cholesterol in a way that complements existing treatments. It targets a protein called **PCSK9** (proprotein convertase subtilisin/kexin type 9).

PCSK9 - remind me?

LDL-cholesterol is cleared from the bloodstream by binding to LDL-receptors on the surface of the liver. PCSK9 can attach to LDL-receptors, marking them for destruction. Thus, blocking the activity or production of PCSK9 can free up LDL-receptors to clear more LDL-cholesterol. This leads to significant reductions in blood LDL-cholesterol levels.

Wait, don't we already have PCSK9 inhibitors?

Yes. Two, in fact: Repatha (evolocumab) and Praluent* (alirocumab). The difference is in how they work to suppress PCSK9. Repatha and Praluent are called monoclonal antibodies – they bind to PCSK9 in a way that stops it from interacting with LDL-receptors. Patients self-inject these medications usually once per fortnight. **Leqvio** is a new type of agent called a 'small interfering RNA' medication. It works by targeting and inhibiting the production of PCSK9 in the liver. The effect lasts longer than the monoclonal antibodies and so the injection is given once every 6 months (after an initial booster dose at 3 months).

Does Leqvio replace tablets?

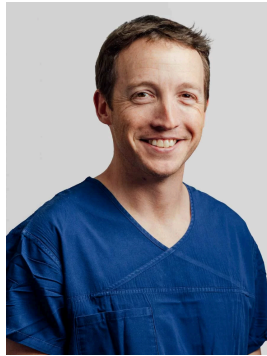
No. Leqvio works differently from traditional cholesterol-lowering medications like statins and ezetimibe. Statins block cholesterol production and ezetimibe reduces cholesterol absorption. Leqvio increases the clearance of LDL-cholesterol, so all three agents work well together to provide the maximal lowering of cholesterol. Research has shown that outcomes are better when LDL-cholesterol is lowered as much as possible, so these three agents are often used together to get the best results.

Does Leqvio replace the other PCSK9 inhibitors?

The PBS criteria for Leqvio are pretty similar to the existing requirements for other PCSK9 inhibitors. Essentially, people whose LDL-cholesterol has not come down to target despite dietary measures plus a statin and ezetimibe may be eligible. Some people are unable to take statins due to previous side effects, and they may still be eligible for Leqvio. A recent LDL-cholesterol level is required to assess eligibility. Broadly speaking, people *may* be eligible if they have a recent LDL-cholesterol level of above 5.0mmol/L whilst taking a statin and ezetimibe. People with a previous vascular event (such as a heart attack or stroke) *may* be eligible if their LDL-cholesterol remains above 1.8mmol/L whilst taking a statin and ezetimibe. The specific criteria are more detailed. **It is important for patients to discuss their eligibility and treatment options with their doctor.**

Reducing LDL-cholesterol levels can allow people with FH to live a normal, healthy life. Leqvio is an exciting addition to the existing available therapies and provides another option for patients living with FH.

*Note that Praluent will no longer be available in Australia after 14th July 2024.



Dr Andrew Black
Cardiologist
Royal Hobart Hospital

Opportunity for 'partners' of persons with FH to complete a survey about their experience with family planning

Some people are concerned about the heritability of FH and how that may impact their decisions around family planning. Researchers are keen to understand the views and experiences of consumers. This includes people who have a 'partner' with FH.

The aim of this research is to better understand the feelings and opinions of partners of patients with FH. This information will assist in improving health services and care for patients with FH and their partners, particularly through the family planning stage of couples.

Please consider forwarding this [survey](#) to your partner to complete. The survey can be accessed here: <https://redcap.link/6mocey7r> or using the blue "survey" button below. At the beginning you will find some information about the study and an explanatory statement.

For any queries regarding this research, please contact the research coordinator, Jing Pang, on jing.pang@uwa.edu.au.

Survey



Jing Pang
Research Fellow
The University of Western Australia



*everyone deserves
a better chance*

Copyright © 2024 FH Australasia Network. All rights reserved.

Our mailing address is:

FHWA
Level 4, Medical Research Foundation Building
Rear 50 Murray Street
PERTH WA 6000

Why did you receive this email?

When you signed up for the National FH Registry you ticked the box for information.

Don't want to receive emails in the future?

You can unsubscribe by emailing fhwa@health.wa.gov.au with UNSUBSCRIBE in the subject line.