

Lipid Management Pathway for Secondary Prevention of Cardiovascular Disease (CVD)

Version 1.1

VERSION CONTROL		
Version	Date	Amendments made
1.0	June 2023	
1.1	October 2023	Bempedoic acid as monotherapy added to the guidance

Guideline based on Accelerated Access Collaborative
Summary of National Guidance for Primary and Secondary
Prevention of CVD and The AHSN Network Lipid
Optimisation Pathway for Secondary Prevention in Primary
care.

©Midlands and Lancashire Commissioning Support Unit, 2023.

The information contained herein may be superseded in due course. All rights reserved.
Produced for use by the NHS, no reproduction by or for commercial organisations, or for commercial purposes, is allowed
without express written permission.

Secondary Prevention of CVD

Lancashire &
South Cumbria
Medicines
Management
Group

CVD (Stroke, PAD, Angina, MI, Revascularisation)

Initiate **Atorvastatin 80mg daily (alternative - rosuvastatin 20mg)** and measure full lipid profile after **3 months** (non fasting) and check adherence to statin and lifestyle measures

If recommended statin treatment is contraindicated or not tolerated, Follow [AAC Statin intolerance algorithm](#)

LDL-C < 1.8mmol/L (non-HDL-C < 2.5 mmol/L) on maximum tolerated statin dose? *

Yes

Review annually for adherence to drugs and lifestyle measures

Refer to lipid clinic if:

- TC > 9.0 mmol/L and/or
- LDL-C > 6.5 mmol/L and/or
- Non-HDL-C > 7.5 mmol/L
- Triglycerides remain over 10 mmol/L

* **Icosapent ethyl** is an option for patients on statins with fasting triglycerides ≥ 1.7 mmol/L and LDL-C between 1.04 and ≤ 2.6 mmol/L

Supporting NICE guidance:

Ezetimibe - [TA385](#)

Alirocumab - [TA393](#)

Evolocumab - [TA394](#)

Bempedoic acid - [TA694](#)

Inclisiran - [TA733](#)

Icosapent ethyl - [TA805](#)

Cardiovascular disease: risk assessment and reduction, including lipid modification - [CG181](#)

No

Check adherence to lifestyle measures and drug therapy

Consider ezetimibe 10mg daily +/- Bempedoic acid 180 mg daily . Where ezetimibe is not tolerated Bempedoic acid may be used as monotherapy.

Review within one to three months.

If non-HDL C remains ≥ 2.5 mmol/L: consider injectable therapies arrange a fasting blood test and assess eligibility.

LDL-C ≤ 1.8 mmol/L

LDL-C ≥ 2.6 mmol/L

LDL-C ≥ 3.5 mmol/L (or 4 mmol/L if recurrent events)

Continue with lifestyle measures and adherence to medication

Offer Inclisiran and monitor LFTs and lipid profile at 3 months then annually

Refer for PCSK-9 (inclisiran can be offered if patient/clinician preference)

Review annually for adherence to drugs and lifestyle measures