

# Lipid Management Pathway for Primary Prevention of Cardiovascular Disease (CVD)

Version 1.2

VERSION CONTROL		
Version	Date	Amendments made
1.0	June 2023	
1.1	October 2023	Bempedoic acid as monotherapy added to the guidance
1.2	December 2025	Link to ‘AAC Statin intolerance algorithm’ replaced with link to ‘LSC Statin Intolerance Pathway’

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# Primary Prevention of CVD

Adults without established CVD and categorised as follows:

Age  $\leq 84$  & QRISK  $\geq 10\%$  (if  $> 84$  yrs consider comorbidities, frailty and life expectancy)

Type 1 diabetes plus:

- $> 40$  yrs; **OR**
- Diabetes duration  $> 10$  yrs; **OR**
- Established nephropathy; **OR**
- Other CVD risk factors

CKD eGFR  $< 60$  mL/min/1.73M<sup>2</sup> and/or albuminuria

Review annually for adherence to drugs and lifestyle measures

If lifestyle modification is ineffective recommend **Atorvastatin 20mg daily** and measure full lipid profile after 3 months (non fasting)

Atorvastatin tolerated?

Yes

No

Offer lower dose (**Atorvastatin 10mg**) or an alternative statin (e.g. **Rosuvastatin 5mg**)

Statin treatment is contraindicated

Intolerance to lower dose/alternative statin?

Yes

No

Optimise statin increasing dose every 2-3 months. Add **Ezetimibe 10mg** to statin if non-HDL-C reduction  $< 40\%$

- Follow [LSC Statin Intolerance Pathway](#)
  - Consider **Ezetimibe 10mg** monotherapy and assess response at 3 months
  - If HDL-C/LDL-C insufficiently controlled on monotherapy, consider **Ezetimibe 10mg/ Bempedoic acid 180mg** combo.
- Where ezetimibe is not tolerated Bempedoic acid may be used as monotherapy.

Non-HDL-C reduction  $> 40\%$ ?

Yes

No

Review annually for adherence to drugs and lifestyle measures

Refer to specialist lipid management service according to local arrangements