

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

Version 1.6

VERSION CONTROL		
Version	Date	Amendments made
1.0	June 2023	
1.1	October 2023	Bempedoic acid as monotherapy added to the guidance
1.2	March 2024	Updated to align with feedback from clinicians at Health Innovation North West Coast
1.3	May 2025	Colesevelam formulary position added to guideline
1.4	October 2025	Monitor LFTs removed for inclisiran statement
1.5	December 2025	Link to 'AAC Statin intolerance algorithm' replaced with link to 'LSC Statin Intolerance Pathway'
1.6	June 2026	Minor change to formatting as part of chapter 2 review of documents.

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.

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Secondary Prevention of CVD

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 [LSC Statin Intolerance Pathway](#)

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 – [NG238](#)

Colesevelam is an option for cardiovascular disease prevention in hyperlipidaemia when the patient is intolerant of all other options.

No - Check adherence to lifestyle measures and drug therapy and consider further drug therapy

LDL-C ≤ 2.0 mmol/L
(non-HDL-C ≤ 2.6 mmol/L) on maximum tolerated statin dose (or other treatment)? *

Yes

Continue with lifestyle measures and adherence to medication

LDL-C > 2.0 mmol/L and < 2.6 mmol/L

Offer 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 >2.6mmol/L: consider injectable therapies arrange a fasting blood test and assess eligibility.

LDL-C ≥ 2.6 mmol/L

Offer [inclisiran](#) and monitor lipid profile at 3 months then annually

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

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

Review annually for adherence to drugs and lifestyle measures and offer full lipid profile