Lancashire & South Cumbria Medicines Management Group

Lipid Management Pathway for Secondary Prevention of Cardiovascular Disease (CVD) Version 1.3

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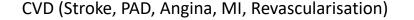
VERSION CONTROL		
Version	Date	Amendments made
1.0	June 2023	
1.1	October 2023	Bempedoic acid as monotherapy added to the guidance
1.2	March 2024	Updated to align with feedback from clinicians at Health Innovation North West Coast
1.3	May 2025	Colesevelam formulary position added to guideline

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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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

Secondary Prevention of CVD

Refer to lipid clinic if:

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

Medicines Management

* 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

Non-HDL-C > 7.5 mmol/L

Supporting NICE guidance:

Ezetimibe - TA385 Evolocumab - TA394 Inclisiran - TA733

Alirocumab - TA393 Bempedoic acid - TA694 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.

