

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

Version 1.3

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'
1.3	March 2026	Suspect Familial Hypercholesterolemia section added. Atorvastatin added alongside lifestyle. Wording modified to match NICE terminology.

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# Primary Prevention of CVD



Adults without established CVD and categorised as follows:

- Age ≤ 84 & QRISK ≥ 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

**Suspect Familial Hypercholesterolemia if:**

- Persistent TC > 7.5mmol/L and/or LDL-C > 4.9mmol/L
- Personal and/or first degree family history of confirmed ASCVD (<60 years)
- No secondary cause for high cholesterol
- Fasting Triglycerides less than 4.0

If all above apply DO NOT CALCULATE QRISK, START STATIN AND REFER

Start Lifestyle modification and **Atorvastatin 20mg daily\*** based on a shared decision with the patient. Measure full lipid profile after 3 months (non-fasting) if commencing statin

Statin treatment is contraindicated

Atorvastatin tolerated?

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

Intolerance to lower dose/ alternative statin?

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.**

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

Non-HDL-C reduction > 40%?

Review annually for adherence to drugs and lifestyle measures

Refer to specialist lipid management service according to local arrangements

Starting statins is a clinical decision based on several factors that cannot be all included in this document. This pathway is developed as a guide to clinicians and can be superseded by sound clinical judgement.  
\*NICE recommends offering statin therapy once lifestyle modification is ineffective or inappropriate