

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

Version 1.0

| VERSION CONTROL | | |
|-----------------|-----------|-----------------|
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| 1.0 | July 2023 | |

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 [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

No

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](#)

Check adherence to lifestyle measures and drug therapy
Consider ezetimibe 10mg daily +/- Bempedoic acid 180 mg daily . 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

Continue with lifestyle measures and adherence to medication

LDL-C ≥ 2.6 mmol/L

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

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

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

Review annually for adherence to drugs and lifestyle measures