GM SECONDARY PREVENTION LIPID *MEDICATION ELEGIBILITY* PATHWAY

For established CVD including coronary heart disease, stroke/TIA, peripheral arterial disease

STEP 1 OPTIMISE STATIN FIRST

Up to **Atorvastatin 80mg** OR **Rosuvastatin 40mg*** (or maximum tolerated dose)

- Optimise lifestyle measures
- Ensure adherence to lipid-lowering medications
- Use statin intolerance pathway if unable to tolerate *any* dose of statin

STEP 2 Lipid therapy in addition to maximally tolerated statin based on LDL-C levels

LDL-C Level (mmol/L)	Treatment Action	
Persistently > 4.0 (single cv event) Persistently > 3.5 (multiple cv events)	Referral to lipid clinic for PCSK9 inhibitors	
Persistently ≥ 2.6 - 3.5/4.0	Inclisiran	
2.0 - 2.5	Ezetimibe 10mg Once Daily	Consider ezetimibe if LDL-C remains >1.4 after injectables
1.4 - 1.9	Consider Ezetimibe 10mg Once Daily	

Criteria for referral to lipid clinic

First exclude secondary causes: hypothyroidism, uncontrolled diabetes, excess alcohol and nephrotic syndrome

Suspected Familial Hypercholesteremia	Triglycerides (TG)
Any of • Total cholesterol ≥ 7.5 mmol/L • LDL-C ≥ 4.9 mmol/L	• ≥ 20 mmol/L once OR • ≥ 10 mmol/L twice (in absence of diabetes/alcohol)

Icosapent Ethyl can also be prescribed *if,*

- Fasting TG 1.7-5.6 mmol/L &
- LDL-C 1.04-2.60 mmol/L &
- Taking Statin therapy

Green (specialist advice)

THE LOWER THE LDL-C, THE LOWER THE CV RISK - THERE IS NO LOWER LIMIT

Initially review historical statin prescriptions and consider switching to recommended statins at the appropriate dose, unless there is a documented history of intolerance or adverse effects.

*If prescribed rosuvastatin: Use max 20mg OD if on clopidogrel or of Asian origin

- Bempedoic Acid is not recommended alongside statin therapy

- Persistently raised = two levels above threshold taken at least 3 months apart
- Repeat cholesterol and LFTs 6-8 weeks after initiation or change of statins
- Use non-fasting samples for routine monitoring
- If calculated LDL is unobtainable (triglycerides >4.5), repeat fasting

Medications may require dose adjustment based on co-morbidities (e.g. renal/hepatic impairment), always check the BNF if uncertain. All medications must meet NICE criteria for initiation.