Lipid Management: Medicines Optimisation Summary of SEL Pathways for Primary Care

Focusing on Primary and Secondary Prevention of Cardiovascular Disease

Please note that this is a summary of wider guidance which may be accessed here

Developed by SEL Cardiovascular Medicines Working Group on behalf of the SEL Integrated Medicines Optimisation Committee (IMOC) and following guidance from the National Institute for Health and Care Excellence (NICE), NHS England/Accelerated Access Collaborative (AAC) and UCL Partners

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South East London Integrated Medicines Optimisation Committee (SEL IMOC). A partnership between NHS organisations in South East London: South East London Integrated Care System (covering the boroughs of Bexley/Bromley/Greenwich/ Lambeth/Lewisham and Southwark) and GSTFT/KCH /SLaM/ Oxleas NHS Foundation Trusts and Lewisham & Greenwich NHS Trust

Primary Prevention: Medicines Optimisation for Lipid Management

In CVD prevention: Check and record baseline lipid profile, blood pressure (with a pulse check if possible) and calculate QRisk

If cardiovascular (CV) risk ≥ 10% a shared decision with the patient to start a high intensity statin (HIS): atorvastatin 20mg or rosuvastatin 10mg daily

After 3 months: Check lipid profile, liver function (LFTs), patient tolerability/preference and adherence to lifestyle & medications

If non-HDL-C reduced by ≥40%

Continue current regime if well tolerated and good adherence to CV risk reduction via lifestyle modification & HIS

If non-HDL-C reduced by <40%

Step 1: increase HIS to maximum tolerated dose*
Step 2: add ezetimibe 10mg daily to HIS

**specialist supervision is recommended for Initiation of rosuvastatin 40mg*

If statin intolerance

Step 1: follow statin intolerance pathway and rechallenge with low dose alternative statin
Step 2: start ezetimibe 10mg daily
Step 3: initiate bempedoic acid 180mg daily in combination with ezetimibe if confirmed statin intolerance (green)

Annual review for all patients: lipid profile and LFTs as indicated; check adherence and tolerability
Adherence support- refer to community pharmacist or for a structured medication review (SMR)

When to refer to a lipid specialist? (*contact details on slide 10 of SEL guidance*)

1. Statin intolerance support
2. Unable to achieve lipid lowering targets despite stepwise medicines optimisation

For further information:
See detailed flow chart on slide 4 of SEL lipid management guidance (found here)

Secondary Prevention: Medicines Optimisation for Lipid Management

For patients with cardiovascular disease (CVD): high dose high intensity statin (HIS) atorvastatin 80mg or rosuvastatin 20mg started by hospital e.g. following acute coronary syndrome (ACS) with baseline lipid profile communicated to primary care
- Record this in the primary care record to allow for calculation of non-HDL-C % reduction

After 3 months check lipid profile, liver function (LFTs) and adherence to lifestyle/medication

If non-HDL-C reduced by ≥40%

Continue current regime if well-tolerated
(or target of non-HDL-C < 2.5mmol/L or LDL-C <1.8mmol/L)

If non-HDL-C reduced by <40%

Step 1: Add in ezetimibe to HIS
Step 2: Initiate/continue following specialist recommendation inclisiran (amber 1) if LDL >2.6mmol/L **or** refer to lipid clinic for consideration of alirocumab or evolocumab (Red) if LDL-C >4mmol/L
Step 3: If TG >1.7mmol/L and LDL >1 to 2.6mmol/L refer to lipid specialist to consider adding icosapent ethyl (Amber 2) to reduce CV risk

If statin intolerance

Step 1: follow statin intolerance pathway and rechallenge with low dose alternative statin
Step 2: start ezetimibe 10mg daily
Step 3: add bempedoic acid 180mg daily to ezetimibe if statin intolerant (green); or consider inclisiran if LDL >2.6mmol/L and *use checklist for A&G* (amber 1)

Annual review for all patients: lipid profile and LFTs as indicated; check adherence and tolerability- consider pharmacist support

When to refer to lipid specialist? (see *contact details on slide 10 of SEL guidance*)

1. Statin intolerance support
2. Unable to achieve lipid lowering targets despite stepwise medicines optimisation
3. For consideration of injectable therapies and icosapent ethyl

For further information:
See detailed flow chart on page 5 of SEL lipid management guidance (found here)

References

- NHSE/AAC statin intolerance pathway:
- https://www.england.nhs.uk/aac/wp-content/uploads/sites/50/2020/08/Statin-intolerance-pathway-January-2022.pdf
- SEL IMOC lipid management pathways:
- https://selondonccg.nhs.uk/what-we-do/medicines-optimisation/south-east-london-integrated-medicines-optimisation-committee-sel-imoc/cardiovascular-disease-guidance/
- SEL inclisiran initiation checklist: https://selondonccg.nhs.uk/download/15993/
- NHSE/NICE/AAC: National lipid management guidance:
- https://www.england.nhs.uk/aac/wp-content/uploads/sites/50/2020/04/National-Guidance-for-Lipid-Management-Prevention-Dec-2022.pdf
- UCLPartners lipid management framework: https://uclpartners.com/wp-content/uploads/Lipids-and-FH-Framework_UCLPartners-LTCs-April-2021-v4.1.pdf