Primary Hypercholesterolaemia (Heterozygous-familial and Non-familial) and Mixed Dyslipidaemia PCSK9 Pathway

NHS
Bath and North East Somerset, Swindon and Wiltshire
Clinical Commissioning Group

Alirocumab or Evolocumab are recommended as options for treating primary hypercholesterolaemia or mixed dyslipidaemia, only if:
Low-density lipoprotein concentrations are persistently above the thresholds specified below despite maximal tolerated lipid-lowering therapy. That is, the maximum dose has been reached or further titration is limited by intolerance or therapy is contraindicated (as defined in NICE CG71).

Primary non-familial hypercholesterolaemia		Mixed dyslipidaemia		Primary heterozygous-familial hypercholesterolaemia	
With CVD and high risk* and LDL persistently >4.0 mmol/l	With CVD and very high risk ** and LDL persistently >3.5 mmol/l	With CVD and high risk* and LDL persistently >4.0 mmol/l	With CVD and very high risk ** and LDL persistently >3.5 mmol/l	Without CVD and LDL persistently >5.0 mmol/l	With CVD and high risk* or very high risk** and LDL persistently >3.5 mmol/l

LDL-C persistently above threshold defined locally as at least two consecutive LDL-C readings over a minimum 3 month period.

Consider initiating either: TA393
Alirocumab: 75mg or 150mg s/c injection every two weeks OR 300mg s/c every month
OR
Evolocumab: 140mg s/c injection every two weeks TA394
Blueteq required at initiation and 1 year review. Assess response within 3 months of initiation.

*High risk of cardiovascular disease is defined as a history of any of the following: acute coronary syndrome (such as myocardial infarction or unstable angina requiring hospitalisation), coronary or other arterial revascularisation procedures, chronic heart disease, ischaemic stroke, peripheral arterial disease.

**Very high risk of cardiovascular disease is defined as recurrent cardiovascular events or cardiovascular events in more than 1 vascular bed (that is, polyvascular disease).