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| **CCG commissioning application form - endorsed by Accelerated Access Collaborative NHSE (v1.0; June 2020) –**  **Alirocumab / Evolocumab** **for treating primary hypercholesterolaemia and mixed dyslipidaemia (NICE TA393/394 June 2016)** | | | |
| **Patient NHS No:** |  | **Trust:** |  |
| **Patient Hospital No:** |  | **Practice Code:** |  |
| **Patient's Initials and DoB:** |  | **GP Postcode:** |  |
| **Choose Consultant:** |  | | |
| **Consultant Name:** | \* | **Other Contact Details:** | \* |
| **Notification Email Address:** (@NHS.net account ONLY) | | | |
| **Treatment Start Date:** Please enter a valid date | | | |
| BY TICKING THESE BOXES AND SUBMITTING THE APPLICATION THE CLINICIAN IS CONFIRMING THE PATIENT MEETS ALL THE CRITERIA BELOW. | | | |

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| **Please indicate whether patient meets the following criteria:** | **Please tick** |
| 1. I confirm the treatment is being instigated and monitored by a consultant | |  |  | | --- | --- | | Yes | No | |
| 2. I confirm that treatment will be initiated and continued in accordance with NICE guidance. | |  |  | | --- | --- | | Yes | No | |
| 3. I confirm that treatment will be initiated and continued in accordance with the product Summary of Product Characteristics (SPC). | |  |  | | --- | --- | | Yes | No | |
| 4. I confirm that the patient is an adult who has one of the following: | |  |  | | --- | --- | | Yes | No | |
| 1. Primary non-familial hypercholesterolaemia or mixed dyslipidaemia AND a high risk of CVD1 AND LDL-C concentration persistently above 4.0mmol/litre despite maximal tolerated lipid-lowering therapy |
| 1. Primary non-familial hypercholesterolaemia or mixed dyslipidaemia AND a very high risk of CVD2 AND LDL-C concentration persistently above 3.5mmol/litre despite maximal tolerated lipid-lowering therapy |
| 1. Primary heterozygous-familial hypercholesterolaemia AND a high or very high risk of CVD1,2 AND LDL-C concentration persistently above 3.5mmol/litre despite maximal tolerated lipid-lowering therapy |
| 1. Primary heterozygous-familial hypercholesterolaemia without CVD AND LDL-C concentration persistently above 5.0mmol/litre despite maximal tolerated lipid-lowering therapy |
| 5. I confirm that treatment will be stopped if: | |  |  | | --- | --- | | Yes | No | |
| * The patient experiences an adverse event which prevents continuation of treatment |
| OR |
| * If an unsatisfactory response to treatment is seen after 3 months initial treatment. |
| Unsatisfactory response defined as less than <20% reduction in non-HDL-C from baseline. |
| 6. I confirm that treatment will be reviewed every 12 months and discontinued if initial reductions in non-HDL-C are no longer maintained. | |  |  | | --- | --- | | Yes | No | |
| Unsatisfactory response defined as less than <20% reduction in non-HDL-C from baseline. |
| 1 High risk of CVD is defined as a history of any of the following: acute coronary syndrome (such as myocardial infarction or unstable angina needing hospitalisation); coronary or other arterial revascularisation procedures; chronic heart disease; ischaemic stroke; peripheral arterial disease. | |
| 2 Very high risk of CVD is defined as recurrent cardiovascular events or cardiovascular events in more than 1 vascular bed (that is, polyvascular disease). | |