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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 |

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| Yes | No |

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| 2. I confirm that treatment will be initiated and continued in accordance with NICE guidance. |

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| Yes | No |

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| 3. I confirm that treatment will be initiated and continued in accordance with the product Summary of Product Characteristics (SPC). |

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| Yes | No |

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| 4. I confirm that the patient is an adult who has one of the following:  |

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| Yes | No |

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| 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
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| 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
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| 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
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| 1. Primary heterozygous-familial hypercholesterolaemia without CVD AND LDL-C concentration persistently above 5.0mmol/litre despite maximal tolerated lipid-lowering therapy
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| 5. I confirm that treatment will be stopped if: |

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| Yes | No |

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| * The patient experiences an adverse event which prevents continuation of treatment
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|  OR |
| * If an unsatisfactory response to treatment is seen after 3 months initial treatment.
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|  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. |

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| Yes | No |

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|  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).  |