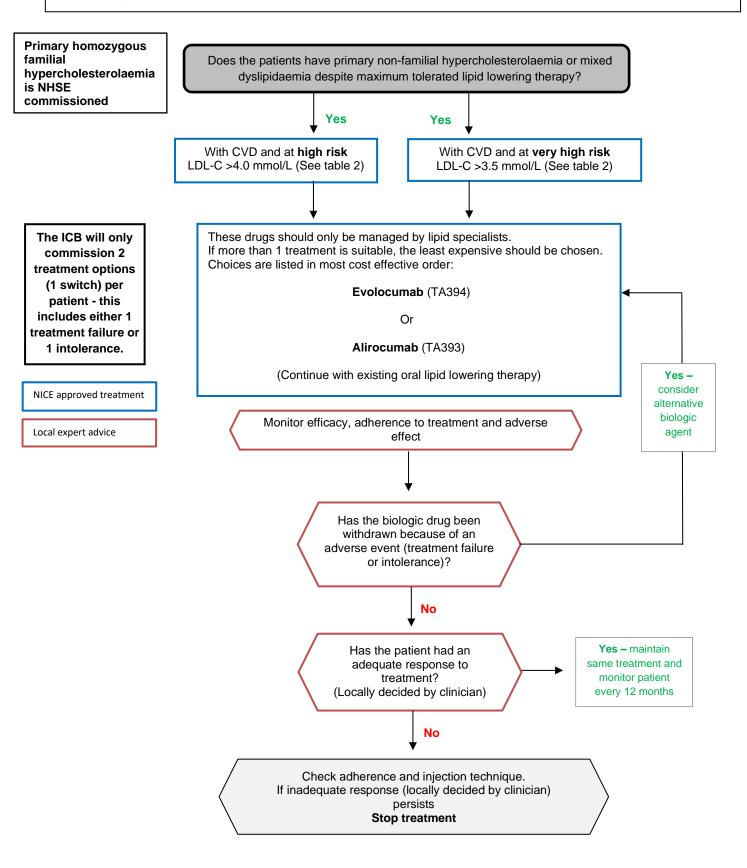


DERBYSHIRE JOINT AREA PRESCRIBING COMMITTEE (JAPC)

Derbyshire commissioning guidance for the use of PCSK9 inhibitors for the management of primary hypercholesterolaemia and mixed dyslipidaemia



Dosing schedule

Table 1

Biologic		NICE TA	Loading dose	Maintenance dose	Response measured
Alirocumab	Monoclonal antibody that targets proprotein convertase subtilisin/kextin type 9 (PCSK9)	TA393	N/A	75mg or 150mg every 2 weeks	18 months
Evolocumab	Monoclonal antibody that inhibits proprotein convertase subtilisin/kexin type 9 (PCSK9)	TA394	N/A	140mg every 2 weeks (most cost effective) or 420mg monthly	18 months

Table 2

	Without CVD	With CVD High risk of CVD ¹	Very high risk of CVD ²
Primary non-familial hypercholesterolaemia or mixed dyslipidaemia	Not recommended at any LDL-C concentration	Recommended only if LDL-C concentration is persistently above 4.0 mmol/litre	Recommended only if LDL-C concentration is persistently above 3.5 mmol/litre

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; coronary 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).