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N&WICS - TA394 - Evolocumab - Treating primary hypercholesterolaemia and mixed dyslipidaemia		
Before providing patient identifiable data on this form, please confirm that the patient (or in the case of a minor or vulnerable adult with the parent/legal guardian/carer) has given appropriate explicit consent for sensitive personal information on this form to be passed to the CCG and/or CSU for processing this funding request and validating subsequent invoices. Consent given: ☐ If there is more than one NICE-approved treatment available, a discussion between the responsible clinician and the patient has taken place about the advantages and disadvantages of the treatments available. This has taken into consideration therapeutic need and whether or not the patient is likely to adhere to treatment. The most appropriate, least expensive, will be chosen (taking into account administration costs, dosage and price per dose) unless an order of preference is stated in the TAs. ☐		
Patient NHS No:	**Trust:**	**Practice Name:**
Patient Hospital No:	**Consultant Making Request:**	**Practice Postcode:**
Patient's Initials and DoB:		**Practice Code:**
Notification Email Address: (@NHS.net account ONLY)		**Contact name & number:**
Start date of requested treatment:	**Provider:** ☐ Private ☐ NHS **Supplier:** ☐ Homecare ☐ Hospital	**Sub-Type:** N/A **(if applicable)**
By completing this form, you confirm that you intend to use the requested medicinal product described below as agreed in the local commissioning statement. Any requests which fall outside of this use will require an individual funding request (IFR). For support regarding IFRs, please contact: norfolkicd@nhs.net For support regarding the criteria listed below, please contact: norfolknontariff@nhs.net		

Please indicate whether patient meets the following NICE criteria:	Please tick
1. Evolocumab is recommended as an option for treating primary hypercholesterolaemia or mixed dyslipidaemia, only if: • The dosage is 140 mg every 2 weeks. • Low-density lipoprotein concentrations are persistently above the thresholds specified in table 1 despite maximal tolerated lipid-lowering therapy. That is, either the maximum dose has been reached, or further titration is limited by intolerance (as defined in NICE's guideline on familial hypercholesterolaemia). • The company provides evolocumab with the discount agreed in the patient access scheme. • Table 1 Low-density lipoprotein cholesterol concentrations above which evolocumab is recommended • 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	☐ Yes ☐ No

• Recommended only if LDL-C concentration is persistently above 3.5 mmol/litre • Primary heterozygous-familial hypercholesterolaemia • Recommended only if LDL-C concentration is persistently above 5.0 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). • Abbreviations: CVD, cardiovascular disease; LDL-C, low-density lipoprotein cholesterol.	
2. As per NICE guidance, treatment should normally be started with the least expensive drug (considering the dose required, price per dose and any additional administration costs). Please confirm that the choice of drug is considered the most cost-effective treatment for this individual patient, noting that alternative treatment options recommended by NICE may be lower in cost, including the use of biosimilar medications if applicable. Where an alternative lower cost treatment is available and has not been tried by the patient, please confirm that the clinical rationale for prescribing has been included in the patients' medical record for the purpose of auditing.	☐ Yes ☐ No

I confirm that the patient meets the criteria for treatment	
Name of person completing:	Contact Details:
Designation of person completing:	Date:

Trust Authorising Pharmacist

Name:

Date: