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# **N&WICS - TA385 - Ezetimibe monotherapy - Treating primary heterozygous-familial and non-familial hypercholesterolaemia**

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. ☐

<b>Patient NHS No:</b>	<b>Trust:</b>	<b>Practice Name:</b>
<b>Patient Hospital No:</b> <input type="text"/>	<b>Consultant Making Request:</b> <input type="text"/>	<b>Practice Postcode:</b>
<b>Patient's Initials and DoB:</b>		<b>Practice Code:</b>
<b>Notification Email Address:</b> <input type="text"/> (@NHS.net account ONLY)		<b>Contact name &amp; number:</b> <input type="text"/>
<b>Start date of requested treatment:</b> <input type="text"/>	<b>Provider:</b> <input type="checkbox"/> Private <input type="checkbox"/> NHS <b>Supplier:</b> <input type="checkbox"/> Homecare <input type="checkbox"/> Hospital	<b>Sub-Type:</b> <input type="text"/> N/A <input type="text"/> <input type="text"/> (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](mailto:norfolkicd@nhs.net)

For support regarding the criteria listed below, please contact: [norfolknontariff@nhs.net](mailto:norfolknontariff@nhs.net)

Please indicate whether patient meets the following NICE criteria:	Please tick
1. This guidance should be used with NICE's guidelines on cardiovascular disease: risk assessment and reduction, including lipid modification and familial hypercholesterolaemia: identification and management.	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. Ezetimibe monotherapy is recommended as an option for treating primary (heterozygous-familial or non-familial) hypercholesterolaemia in adults in whom initial statin therapy is contraindicated.	<input type="checkbox"/> Yes <input type="checkbox"/> No
3. Ezetimibe monotherapy is recommended as an option for treating primary (heterozygous-familial or non-familial) hypercholesterolaemia in adults who cannot tolerate statin therapy (as defined in section 1.6).	<input type="checkbox"/> Yes <input type="checkbox"/> No
4. Ezetimibe, co-administered with initial statin therapy, is recommended as an option for treating primary (heterozygous-familial or non-familial) hypercholesterolaemia in adults who have started statin therapy when: <ul style="list-style-type: none"> <li>serum total or low-density lipoprotein (LDL) cholesterol concentration is not appropriately controlled (as defined in section 1.7) either after appropriate dose titration of initial statin therapy or because dose titration is limited by intolerance to the initial statin therapy (as defined in section 1.6) and</li> <li>a change from initial statin therapy to an alternative statin is being considered.</li> </ul>	<input type="checkbox"/> Yes <input type="checkbox"/> No
5. When prescribing ezetimibe co-administered with a statin, ezetimibe should be prescribed on the basis of lowest acquisition cost.	<input type="checkbox"/> Yes <input type="checkbox"/> No
6. For the purposes of this guidance, intolerance to initial statin therapy is defined as the presence of clinically significant adverse effects that represent an unacceptable risk to the patient or that may reduce compliance with therapy.	<input type="checkbox"/> Yes <input type="checkbox"/> No
7. For the purposes of this guidance, appropriate control of cholesterol concentrations should be based on individual risk assessment according to national guidance on managing cardiovascular disease in the relevant populations.	<input type="checkbox"/> Yes <input type="checkbox"/> 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: