

Alirocumab for treating primary hypercholesterolaemia and mixed dyslipidaemia

Information for the public

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What has NICE said?

Alirocumab (Praluent) is recommended as a possible treatment for primary hypercholesterolaemia or mixed dyslipidaemia in some people, only if they have already taken the highest possible dose of lipid-lowering therapies.

The recommendations depend on the type of disease, the risk of cardiovascular disease, and a person's concentration of low-density lipoprotein cholesterol. See [table 1 in the guidance](#).

What does this mean for me?

If you have primary hypercholesterolaemia or mixed dyslipidaemia, and your doctor thinks that alirocumab is the right treatment, you should be able to have the treatment on the NHS.

Alirocumab should be available on the NHS within 3 months of the guidance being issued.

If you are not eligible for treatment as described above, you should be able to continue taking alirocumab until you and your doctor decide it is the right time to stop.

The condition and the treatment

Primary hypercholesterolaemia and mixed dyslipidaemia are a medical terms implying that a person's cholesterol levels are too high. High cholesterol can increase the risk of heart disease.

There are several types of cholesterol-lowering drugs that work in different ways. They include statins and ezetimibe.

Alirocumab (Praluent) is a type of drug called a monoclonal antibody. Over time, certain receptors in the liver stop working as well and take less cholesterol from the blood. Alirocumab helps to keep these receptors working, and so lowers levels of cholesterol.

[NHS Choices](#) may be a good place to find out more.

These organisations can give you advice and support:

- [HEART UK – The Cholesterol Charity](#), 0345 450 5988
- [British Heart Foundation](#), 0300 330 3311

NICE is not responsible for the quality or accuracy of any information or advice provided by these organisations.

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Accreditation

