**Lipid clinic and lipoprotein disorders service (COVID-19\*)**

**Document 2: Lomitapide for adults (over 18 years of age)**

Rationale for administration of Lomitapide:

* For patients with Homozygous Familial Hypercholesterolaemia (HoFH), an adjunct to diet and other lipid lowering medication, with or without low-density lipoprotein apheresis.

Criteria for referral for Lomitapide:

* Confirmation of HoFH by genetic testing or clinical criteria.
* LDL cholesterol remains greater than 2.5 mmol/L in primary prevention, despite maximal treatment.
* LDL cholesterol remains greater than 1.8 mmol/L in secondary prevention, despite maximal treatment.

Procedure for Lomitapide treatment:

* Above criteria met and blueteq form completed. Commissioned by NHS England.
* Check for possible drug interactions with other current medication and advise. Provide with an alert card.
* Dietetic input – advise low fat eating plan with <20% energy from fat, requires ongoing support.
* Baseline Fibroscan (and yearly).
* Baseline bloods: ALT, AST, ALP, bilirubin, gamma GT, albumin, ESR, Fib-4 score (and yearly).
* First year monthly bloods or prior to each dose increase: ALT and AST (as a minimum).
* After the first year bloods at least 3 monthly and before any dose increase: ALT and AST (as a minimum).
* Blood tests can be done monthly at the patients’ local GP surgery if possible, to be seen in clinic at least 4-6 monthly.

\*More frequent blood tests if ALT or AST is deranged and possibly adjustment in the dose.

\*Try to arrange necessary blood tests in the community or if not possible in our outpatient department.

Face-to-face clinics only if absolutely necessary otherwise telephone clinics and follow ups.

Before any hospital/GP practice/phlebotomy visit (if necessary) to make sure patients (and households) have no symptoms to suggest COVID-19.

Continue prescriptions and drug delivery as usual.

Advice to patients: DO NOT change or stop your regular medications without discussion with your consultant or specialist nurse.

Rationale for patients attending hospital for Lomitapide follow up:

* Treatment requires close specialist supervision and montoring.
* Secondary care prescription only and 5 NHSE selected centres in UK.
* Regular dietetic support.

Benefits of Lomitapide:

* 38-50% reductions in LDL cholesterol.
* Lowers apolipoprotein B and Non HDL.

Possible side effects from Lomitapide:

* Gastro-intestinal side effects.
* Raised liver enzymes associated with liver disease.
* Increase risk of hepatic fat accumulation.