

## Use of Non-statin Lipid Lowering Agents

### Remember:

- Statins are the lipid-lowering agents of choice – they have BY FAR the most evidence for reducing CV events, including death
- Non-statin are no longer recommended for routine use
- If you are adding a non-statin to achieve a specific LDL goal, make sure the statin dose is maximized FIRST
  - When adding a non-statin, if you have to reduce statin dose to minimize risk for side effects...DON'T!
- Reinforce statin adherence and lifestyle changes, and check for secondary causes of high cholesterol, before adding a non-statin

### When to consider a non-statin...

In high risk patients\* who:

- Cannot tolerate the recommended statin dose (*instead of statin*)  
OR
- Do not achieve the expected statin response (*add to statin*)
  - 30-50% LDL reduction w/ moderate intensity statin
  - > 50% LDL reduction w/ high-intensity statin

\*Per 2013 ACC/AHA Guidelines, high risk patients =

- Patients < 75 yrs w/ clinical ASCVD
- Patients w/ baseline LDL  $\geq$  190
- Patients 40-75 yrs w/ diabetes

### But WHICH non-statin?

- Per 2013 ACC/AHA guidelines, preference should be given to “non-statin cholesterol lowering drugs shown to reduce ASCVD events in RCTs”
- When ADDING to a statin:
  - Maximize statin dose FIRST
  - Consider ezetimibe
    - Most evidence supporting clinical outcomes/benefits (SHARP, IMPROVE-IT)
  - If adding a fibrate, fenofibrate preferred over gemfibrozil (due to DDI w/ statins)
    - Remember: renal dose adjustment required!
- As MONOTHERAPY:
  - Go with omega-3 fatty acids, fibrates, or niacin if TG  $\geq$  500 mg/dL (especially if TG > 1000 mg/dL)
  - Consider niacin (1<sup>st</sup>) or fibrate (2<sup>nd</sup>) if patient has low HDL

- If possible, avoid niacin in patients with diabetes (worsening glycemic control)
- PCSK9 inhibitors should be reserved for:
  - Patients with familial hypercholesterolemia (w/ max tolerated statin)
  - Patients with very high CV risk who cannot tolerate statins OR are not able to achieve goal LDL reduction on max tolerated statin