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-statins 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
  
  o 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)
  
  o 30-50% LDL reduction w/ moderate intensity statin
  
  o > 50% LDL reduction w/ high-intensity statin

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

- Patients < 75 yrs w/ clinical ASVCD
- Patients w/ baseline LDL ≥ 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:
  
  o Maximize statin dose FIRST
  
  o Consider ezetimibe
    
    § Most evidence supporting clinical outcomes/benefits (SHARP, IMPROVE-IT)
  
  o If adding a fibrate, fenofibrate preferred over gemfibrozil (due to DDI w/ statins)
    
    § Remember: renal dose adjustment required!

- As MONOTHERAPY:
  
  o Go with omega-3 fatty acids, fibrates, or niacin if TG ≥ 500 mg/dL (especially if TG > 1000 mg/dL)
  
  o Consider niacin (1st) or fibrate (2nd) if patient has low HDL
o If possible, avoid niacin in patients with diabetes (worsening glycemic control)

- PCSK9 inhibitors should be reserved for:
  o Patients with familial hypercholesterolemia (w/ max tolerated statin)
  o Patients with very high CV risk who cannot tolerate statins OR are not able to achieve goal LDL reduction on max tolerated statin