When a Statin is Not Enough: the Use of Ezetimibe and PCSK9 Inhibitors in Hyperlipidemia

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Background

Heart disease remains the leading cause of death worldwide. Statins lower low-density lipoprotein (LDL) cholesterol levels and reduce the risk of cardiovascular events, even in patients without cardiovascular disease. However, many patients currently taking a statin remain at high risk for recurrent cardiovascular events including myocardial infarction, stroke, and death from cardiovascular disease.

Ezetimibe can reduce the risk of cardiovascular events in patients with a history of ACS or known atherosclerotic cardiovascular risk who are already on high intensity or maximum tolerated statin therapy.

The PCSK9 Inhibitors alirocumab and evolocumab can lower the risk of cardiovascular events in patients with a history of acute coronary syndrome (ACS) who are already on statin therapy.

Clinical Decision Making

Assessment of Current Practice

Patients at very high risk of recurrent cardiovascular events are most often treated with a high-intensity statin as monotherapy. High-intensity or maximum tolerated statin therapy remains the first-line for patients with atherosclerotic cardiovascular disease.

Primary care providers may not prescribe ezetimibe or PCSK9 inhibitors to high-risk patients on a high-intensity statin because of a lack of awareness of their benefits or due to the high cost of PCSK9 inhibitors in particular.

Recommendations for Providers

Adding ezetimibe or a PCSK9 Inhibitor to statin therapy provides the greatest benefit to patients at very high-risk of cardiovascular events.

Providers should assist patients in finding patient assistance programs, such as GoodRx, to help patients better afford ezetimibe and/or PCSK9 inhibitors.

Further work is needed to assist providers in identifying patients at very high risk of cardiovascular events who would benefit from these additional therapies.

One simple tool has identified high-risk patients who most benefited from the addition of ezetimibe to statin therapy as those with at least 3 of 9 risk factors.

If this tool is further validated and effective for the addition of PCSK9 inhibitors as well, it could provide a quick and simple screening tool for clinicians.

References