Clinical Resource #330575



BRINGING CLINICIANS TOGETHER TO DISCUSS CURRENT DRUG THERAPY

May 2017 Vol. 14, No. 5

Based on

The following succinct analysis appeared in *Pharmacist's Letter*.

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CHOLESTEROL

You'll hear buzz about using the PCSK9 inhibitors, Repatha (evolocumab) or Praluent (alirocumab), in patients with CV disease.

These injectable meds lower LDL cholesterol by about 60%...but we've been waiting to see if they improve CV outcomes.

Now evidence suggests that adding Repatha to a statin in patients with CV disease and other risks (diabetes, etc) prevents one more CV event for every 74 patients treated for about 2 years.

In contrast, ezetimibe (Zetia, etc) lowers LDL by about 18%...and prevents one CV event for every 50 acute coronary syndrome patients over about 7 years.

These are the only non-statins with evidence of improved CV outcomes when added to a statin...but they haven't been shown to reduce mortality.

PCSK9 inhibitors cost about \$14,000/yr...ezetimibe \$2,800/yr.

Don't rush to suggest adding either of these meds to a statin.

Instead, continue to emphasize lifestyle changes and adherence to a statin...this also impacts Star Ratings. If muscle symptoms are an issue, look for interacting meds...or consider a short-term "statin holiday."

Recommend ezetimibe first for patients who need a statin add-on... such as those with CV disease who can't tolerate a high-intensity statin or don't get the expected LDL-lowering from their statin.

For now, advise saving PCSK9 inhibitors for those with VERY high LDL due to familial hypercholesterolemia...or for patients at highest CV risk.

For example, a PCSK9 inhibitor may be tried if a patient has a CV event on a high-intensity statin and ezetimibe...or has CV disease and multiple risks such as hypertension, diabetes, and smoking.

But expect payers to continue to require prior auths to limit PCSK9 inhibitor use...and don't expect a big uptick in these specialty Rxs.

Explain that concerns about very low LDL...such as below 25 mg/dL... aren't showing up in short-term studies. So far there doesn't seem to be a link with cataracts or adverse musculoskeletal or neurologic effects.

Expect CV outcome data with Praluent in the next year or two. Listen to PL VOICES for a fascinating discussion with a guideline author about the role of PCSK9 inhibitors. And see our Lipid Treatment FAQs chart for useful management strategies.

(For more on this topic, see Clinical Resource #330510 at PharmacistsLetter.com.)

Primary Reference - Sabatine MS, Giuqliano RP, Keech AC, et al. Evolocumab and clinical outcomes in patients with cardiovascular disease. N Engl J Med Published online Mar 17, 2017; doi:10.1056/NEJMoa1615664.

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Overview of current therapy					
1.	What is known about the cardiovascular benefits of statins and non-statins?				
Analysis of new study					
2.	What type of study was this? How were the patients selected for inclusion?				
3.	How were the study groups defined?				
4.	How were the outcomes evaluated?				

5.	What were the outcomes of this study?
6.	What were the strengths and weaknesses of this study?
7.	Were the results expressed in terms we care about and can use?
Ho	w should the new findings change current therapy?
8.	Do the results change your practice? How?
<u>Ap</u>	ply the new findings to the following case
	H. is a 63-year-old female who is well known to you. She has COPD due to a 20-pack-year smoking tory, and is currently well-controlled with tiotropium 18 mcg daily. She recently underwent a triple

K.H. is a 63-year-old female who is well known to you. She has COPD due to a 20-pack-year smoking history, and is currently well-controlled with tiotropium 18 mcg daily. She recently underwent a triple cardiac bypass for coronary artery disease (CAD). While in the hospital, her LDL was found to be 220 mg/dL. She was prescribed two weeks of atorvastatin 80 mg, along with lisinopril 5 mg daily, metoprolol XL 25 mg daily, and aspirin 81 mg daily, and was advised to follow up with her primary care provider for further management. K.H. presents to the clinic today for her first follow-up visit complaining of muscle aches that she is attributing to her new statin prescription.

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9. How might you address K.H.'s concerns about statin-related muscle aches?
You check K.H.'s CK, vitamin D, and thyroid level. The results are normal. You decrease her atorvastatin
dose to 20 mg daily and advise her to gradually increase back up to 80 mg daily as tolerated.
10. Is monitoring K.H.'s LDL necessary? How much of an LDL decrease should you expect?
K.H.'s LDL returns at 195 mg/dL after 8 weeks of atorvastatin 80 mg daily.
11. What are the options for managing K.H.'s LDL?
K.H. admits she hasn't actually been taking her medication because she saw a commercial stating stating
could cause diabetes and wonders if the risks might outweigh the benefits for her.
12. How should you address K.H.'s concern?
K.H. appreciates that you take the time to help her weigh the benefits and risks of statin treatment. She
decides to start taking her atorvastatin 80 mg daily. K.H.'s repeat LDL level in 6 weeks is 95 mg/dL and she

denies any muscle-related symptoms.

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Additional Pharmacist's Letter Resources available at PharmacistsLetter.com

Chart, Lipid Treatment FAQs. Pharmacist's Letter/Prescriber's Letter. May 2017.

Chart, Non-Statin Lipid-Lowering Agents. Pharmacist's Letter/Prescriber's Letter. May 2017.

PL VOICES. Monitoring LDL in Patients on a Statin. Pharmacist's Letter/Prescriber's Letter. March 2017.

PL VOICES, Statins in Patients with Diabetes. Pharmacist's Letter/Prescriber's Letter. December 2016.

Chart, Statin Dose Comparison. Pharmacist's Letter/Prescriber's Letter. June 2016.

Chart, Clinically Significant Statin Drug Interactions. Pharmacist's Letter/Prescriber's Letter. March 2016.

PL VOICES, Role of Statins and Blood Pressure Medications in Primary Prevention of CV Disease. *Pharmacist's Letter/Prescriber's Letter.* May 2016.

Commentary, BP and Lipid-Lowering Therapy in Primary Prevention: HOPE-3. Pharmacist's Letter/Prescriber's Letter. May 2016.

Chart, Repatha and Praluent Comparison. Pharmacist's Letter/Prescriber's Letter. October 2015.

PL VOICES, Managing Statin Intolerance. Pharmacist's Letter/Prescriber's Letter. September 2015.

Chart, Statin Muscle Symptoms: Managing Statin Intolerance. Pharmacist's Letter/Prescriber's Letter. September 2015.

PL VOICES, Non-Statins for Dyslipidemia. Pharmacist's Letter/Prescriber's Letter. July 2015.

PL VOICES, Safety and Efficacy of Niacin. Pharmacist's Letter/Prescriber's Letter. September 2014.

PL VOICES, The Current Cholesterol Controversy. Pharmacist's Letter/Prescriber's Letter. July 2014.

Chart, 2013 ACC/AHA Cholesterol Guidelines. Pharmacist's Letter/Prescriber's Letter. January 2014.

Chart, Characteristics of the Various Statins. *Pharmacist's Letter/Prescriber's Letter*. December 2013.

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Welcome to PL Journal Club

PL Journal Club gives you insights and guides you to the discoveries that Pharmacist's Letter researchers and editors uncover. Each month we analyze many new studies and help you discover the answers to the hard questions. "What are the real advantages and disadvantages of new therapies?" "How do they compare with other options?" "What do pharmacists and prescribers need to know?" We look beyond the headlines and promotional materials to interpret the clinical studies and data. Sometimes the marketing spin doesn't stand up to scrutiny. Sometimes studies do not really prove what they are reported to prove. PL Journal Club helps guide you to the truth and how to apply new findings to patient care.

PL Journal Club builds on Pharmacist's Letter to provide you with background for your own journal club discussions. We won't bring up every possible question, but you can...in your own group meetings. If a question comes up, go to PharmacistsLetter.com to find more background. As a PL Journal Club participant, you get access to all of Pharmacist's Letter. Feel free to call or email us with suggestions or if we can be of assistance... 209-472-2240 or PLJournalClub@pletter.com.

Instructions

Go to PharmacistsLetter.com to get the PL Journal Club PARTICIPANT NOTES. Use the search function to look for "Journal Club." You'll also get great background materials, including Pharmacist's Letter and clinical resources. PL Journal Club functions like a typical group meeting, except that it is organized for you with the expert analysis of important new studies done by the large Pharmacist's Letter research and editorial staff. Let the questions serve as a springboard for your discussions. Use our patient cases or your own cases to shape the discussion. Each month, PL Journal Club reviews a topic that is also covered in Pharmacist's Letter. You'll also find a library of previous PL Journal Clubs online for your use.

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