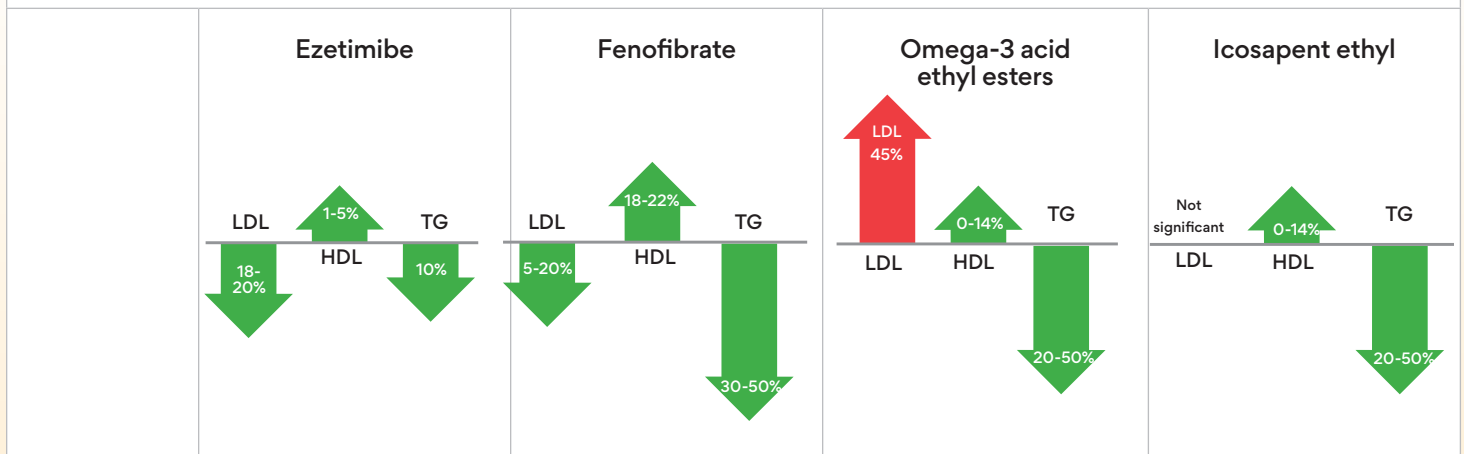


Dyslipidemia Drug Comparison

	Ezetimibe	Fenofibrate	Omega-3 acid ethyl esters	Icosapent ethyl
Brand name	Zetia	Antara, Fenoglide, Fibracor, Lipofen, TriCor, Trilipix	Lovaza	Vascepa
Average unit cost per pill	\$0.25	\$0.44	\$0.36	\$2.52
Average annual cost	\$90	\$158.40	\$518.40	\$3,628.80
Labeled indications	<ul style="list-style-type: none"> • Homozygous familial hypercholesterolemia • Homozygous sitosterolemia • Primary hyperlipidemia 	<ul style="list-style-type: none"> • Hypertriglyceridemia 	<ul style="list-style-type: none"> • Hypertriglyceridemia 	<ul style="list-style-type: none"> • Cardiovascular risk reduction with hypertriglyceridemia • Hypertriglyceridemia
Clinical pearls	<ul style="list-style-type: none"> • Safe to use in patients with chronic kidney disease (CKD) 	<ul style="list-style-type: none"> • Should not be used when eGFR is less than 30mL/minute/1.73 m² • Should not exceed 54mg if eGFR is 30-59 mL/minute/1.73 m² 	<ul style="list-style-type: none"> • Antiplatelet effects • Increases risk of atrial fibrillation or flutter 	<ul style="list-style-type: none"> • Antiplatelet effects • Increases risk of atrial fibrillation or flutter • FDA-approved as adjunctive therapy with statins. • Should be avoided in patients with an elevated LDL. • Should be reserved for specific patient populations due to high cost and pill burden.
Tier on Central Health Plan formulary	2	2 (except micronized 67mg, 130mg, 134mg, and 200mg)	2	2

Impact on lipid concentrations:



Patient scenarios

1

If LDL reduction goals are not achieved and statins are maximized or not tolerated in patients with atherosclerotic cardiovascular disease (ASCVD)

Consider add-on agents

Add-on agents should be utilized **after** statins are maximized or not tolerated in patients with ASCVD, LDL \geq 190mg/dL, diabetes, or primary prevention if goal LDL reduction is not achieved.

2

For reduction in cardiovascular events after statins are maximized

Consider adding ezetimibe as first-line add-on agent

Ezetimibe is the recommended first add-on agent as shown in clinical trials, cost, and tolerability of medication.

3

For a reduction in cardiovascular events (ACCORD-LIPID trial) in patients with elevated triglycerides and low HDL

Start fenofibrate

4

For a reduction in cardiovascular events in patients with elevated triglycerides (150mg/dL or above)

AND

Established ASCVD **OR** diabetes and 2 or more ASCVD risk factors

Consider icosapent ethyl

Key points

- **Consider ezetimibe as a first-line add-on agent.** Ezetimibe is safe to use in patients with CKD and is the most cost effective add-on agent after statin therapy is maximized.
- **Exercise caution with omega-3 acid ethyl esters.** Omega-3 acid ethyl esters should be avoided in patients with an elevated LDL.
- **Consider icosapent ethyl as a last-line option.** Icosapent ethyl should be reserved for specific patient populations due to high cost and pill burden.