# NHS Tayside Review of Ezetimibe Prescribing Algorithm A



# Patient on Ezetimibe Plus a Statin

Exclude those attending the cardiovascular (CV) risk clinic (lipid clinic) and / or with familial hyperlipidaemia

Patient prescribed lipid lowering therapy for primary prevention of cardiovascular disease?

Yes

No

### **Primary Prevention**

# Stop ezetimibe

Review current statin and switch to atorvastatin 20mg daily or continue on statin at the current tolerated dose. If previously not tolerated atorvastatin, consider alternative statin. (Patients should have tried at least 2 different statins, including at least one from both the lipophilic (atorvastatin/simvastatin) and hydrophilic (rosuvastatin/pravastatin) groups). Note: If not able to tolerate a highintensity statin\* aim to treat with the maximum tolerated dose.

### **Secondary Prevention**

#### Stop ezetimibe

Review current statin and consider whether atorvastatin 80mg daily has been recommended following recent acute coronary syndrome or non-cardioembolic stroke/TIA

Review current statin and consider titrating up or switching to alternative highintensity statin\* at maximum tolerated dose. If statin dose limited by side effects consider alternative high-intensity statin\* (with different lipophilic/hydrophilic profile). Note: if not able to tolerate a high-intensity statin\* aim to treat with the maximum tolerated dose.

\*high-intensity statins as defined in NICE CG181: 2014.

If required cholesterol reduction not achieved or unable to tolerate at least 2 statins, consider restarting ezetimibe if necessary.

If targets/cholesterol reduction not achieved, seek specialist advice from the CV risk clinic.

Adapted with permission from NHSGGC Medicines Information Service. Adapted by Claire James & Gordon Thomson, Pharmacy Department, NHS Tayside. August 2011, Updated August 2015 (review date August 2016)