

Dear Secretariat

I was invited to attend but had to decline since no airline seats were available for the return to Melbourne.

However I understand from those who did attend to suggest the following.

1. I agree, as would most clinicians that simplifying the access to ezetimibe would be beneficial especially if the multiple codes and authorisation were dispensed with.
2. However I am concerned that you are considering listing ezetimibe as a first line drug. That runs counter to all recommendations and guidelines around the world. It is considerably inferior to statins and clinicians do not use ezetimibe first unless left with no other choice. Further it may lead less frequent prescribers of lipid lowering drugs to believe that guidelines have changed, which is unlikely to occur.
3. It is correct as you surmise that we may not necessarily escalate statin to full dose but prefer instead to add ezetimibe to the second highest dose of statin. The reason is that doubling the dose of a statin is not nearly as effective as the combined statin/ezetimibe approach.
4. Finally it is vital to recognise that intolerance is unfortunately frequent to the extent of about 10% of patients on any of the statins. Higher dosage is a not uncommon cause since statin removal is genetically based so that people with low clearance capacity will have a supra-normal blood concentration at conventional dosage. Several manouvres enable a proportion of intolerant patients to tolerate s lower dosage or less frequently taken dosage. It is this scenario that leads to most ezetimibe prescriptions.
5. May I add that if lipid lowering drugs are to be reviewed by PBAC that the limitation on triglyceride levels is completely out of step with current science and indeed recent guidelines. Triglycerides have now been confirmed to be an independent risk factor and highly predictive of future cardiovascular events. Hypertriglyceridaemia poses a greater risk than low HDL. The current level at which triglycerides can be subsidised is absurdly high. I hope this aspect will not be lost in the focus on LDL alone.

I hope that these comments may be useful.

Kind regards

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