

Assoc. Professor John Amerena
Consultant Cardiologist &
Director of Geelong Cardiology Research Unit
MB BS, FRACP, FACC, FCSANZ

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TO WHOM IT MAY CONCERN

I would be grateful if you could consider this document in your PBS review of ezetimibe in Australia.

I am a practising cardiologist who has been involved with clinical care and research for more than 20 years in Australia.

I see many patients who have suffered acute coronary events and require aggressive lipid-lowering therapy to try and prevent recurrent events.

Statins are the first choice for lipid-lowering in patients with coronary artery disease or who are at high risk of developing cardiac problems, but unfortunately many patients cannot tolerate the high doses required to achieve current target levels. In my practice, I always try and maximise the dose of a statin to try and obtain target levels but many patients develop non-specific muscular aches and pains or have more definitive adverse effects such as myositis with elevated CK or hepatic dysfunction. In some cases, I try transient discontinuation of statins with reintroduction of a lower dose of another agent but often the same side effects or adverse effects are encountered and target levels of LDL cholesterol cannot not be obtained with the maximum tolerated dose of statin.

This is where ezetimibe is a particularly useful drug as it will lower cholesterol by 20-25% on top of any dose of a statin. This is a clinically meaningful and significant reduction in cholesterol and will often allow target levels to be obtained in the absence of side effects.

As a cardiologist we live by the mantra that "lower is better" and recent studies with ezetimibe would support this, as the IMPROVE-IT study showed that by achieving an LDL cholesterol of 1.4 there was significant although modest gains compared with an LDL of 1.8. Guidelines recommend lowering cholesterol below 1.8 but many patients are unable to achieve this on statin alone and so addition of Ezetrol is extremely helpful in this situation and given the results of IMPROVE-IT is likely to translate to a reduction of recurrent events in these patients.

I would therefore support the ongoing use of Ezetrol and the PBS subsidy for it, as it is an extremely important drug to have in our lipid-lowering armamentarium that has the potential to reduce recurrent cardiac events, reduce hospital admissions and save lives.

Yours sincerely


John Amerena
Consultant Cardiologist &
Director Geelong Cardiology Research Unit