**Presentation Title:** Evaluation of a pharmacist-led hyperlipidemia clinic

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**Background:** Statins are the first-line treatment for the management of hyperlipidemia, and these medications play an important role in both the primary and secondary prevention of atherosclerotic cardiovascular disease. Many patients with previously documented statin intolerances do not attempt lower doses of more tolerable statins and may be unaware of strategies to improve statin tolerance. When additional non-statin agents are needed to help reach LDL cholesterol goals, the process of initiating injectable medications can be confusing or costly. Targeted pharmacist appointments may offer patients resources to improve hyperlipidemia management.

**Objectives:** The primary objective of this study was to determine the percent of patients who achieved their LDL goal following referral to a pharmacist-led hyperlipidemia clinic. The secondary objective was to evaluate the optimization of patients’ lipid-lowering medications after referral to the pharmacist-led clinic.

**Methods:** This was an institutional review board-approved retrospective study evaluating a pharmacist-led specialty referral clinic for hyperlipidemia management. Patients attended an initial virtual or in-person pharmacist visit and were contacted again via phone after completing repeat labs. All patients seen at the clinic from August 2021 through December 2021 were included for review. Data from the electronic medical record was reviewed for each patient’s initial pharmacist visit, and repeat labs data was obtained from the electronic medical record and outside provider records up to four months after the visit. Data was analyzed using descriptive statistics.

**Results:** There were 83 patients seen in pharmacy appointments from August through December, and patients were an average age of 67.5 years, 89.2% White or Caucasian, and 63.9% male. The vast majority (94.0%) of patients were being managed for secondary prevention of atherosclerotic cardiovascular disease and had an LDL goal of < 70 mg/dL. The average initial LDL was 127.1 mg/dL, and 9 patients were referred who had already met their LDL goal. Thirty patients (36.1%) were taking a statin prior to their appointment, while 56 patients (67.5%) were prescribed statins following the appointment. Injectable medications (PCSK9 inhibitors) were started for 47 patients (56.6%). Repeat lab data was only available for 47 patients (56.6%). Average repeat LDL was 76.5 mg/dL, and 26 patients (55.3%) achieved their LDL goal. Twenty-four patients (51.1%) were taking a statin and 27 patients (57.4%) were taking a PCSK9 inhibitor at follow-up.

**Conclusion:** Overall, LDL decreased an average of 50.6 mg/dL, and most patients achieved their LDL goal following referral to the pharmacist-led hyperlipidemia clinic. The number of patients on statins almost doubled, and injectable PCSK9 inhibitor therapy was initiated for the majority of patients. Over 40% of patients were lost to follow-up, indicating that a change in clinic structure might be necessary to allow for scheduled follow-up visits. Despite this, the success of patients managed at the clinic suggests that a pharmacist-led referral clinic is beneficial for hyperlipidemia management.