

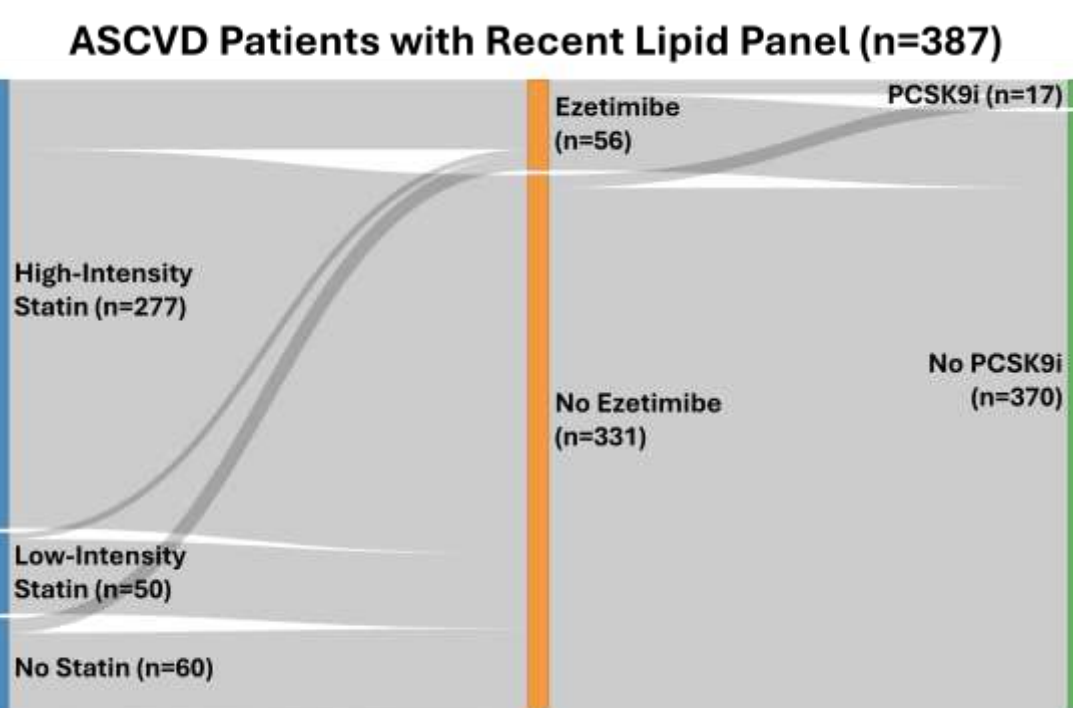
# Increasing Prescribing of Lipid Lowering Therapies in Veterans with ASCVD

Charles Dylan Miks MD, Anika Mittal MD, Gwendolyn Radford MD, Pranav Puri MD, Austin Mallory MD, Usamah El-Bakkush MD, Devin Winkler MD, Ryan Toreli MD, Adam Blaine MD, William Iverson MD  
University of Iowa Healthcare, Iowa City Veteran's Affairs Hospital

## Introduction

- Over **20%** of veterans have **atherosclerotic cardiovascular disease (ASCVD)**, and **1/3<sup>rd</sup>** are **not** on lipid lowering therapy (LLT)<sup>1-3</sup>
- Over **28%** of veterans are **at risk of ASCVD**, and **3/4<sup>th</sup>** are **not** on LLT
- Only 20-30% of veterans with ASCVD are at LDL goal<sup>4,5</sup>
- ACC/AHA 2026 guidelines:**<sup>6</sup>
  - Adults with **clinical ASCVD OR at high 10-year risk for ASCVD (≥10%)**
    - Goal: **LDL-C <70 mg/dL** and **≥50% reduction** in LDL-C
  - Adults with **clinical ASCVD AND at Very High Risk**
    - Goal: **LDL-C <55 mg/dL** and **≥50% reduction** in LDL-C
- LLT includes statins, ezetimibe, and PCSK9 inhibitors, which are all available to veterans:
  - Ezetimibe (IMPROVE-IT):** combination with statins led to **2.0% ARR over 7 years**<sup>7</sup>
  - PCSK9i (FOURIER and ODYSSEY OUTCOMES):** combination with statins led to **~1.5% ARR over 2-3 years (NNT 63-71)**<sup>8,9</sup>

## Baseline LLT Use



**Expected Effect of LLT on serum LDL levels**

Statins = ↓ 20 to 60%  
 Ezetimibe = ↓ 17%  
 PCSK9i = ↓ 38 to 72%  
 Statin + ezetimibe = **added** ↓ 25%  
 Statin + PCSK9i = **added** ↓ 50 to 65%

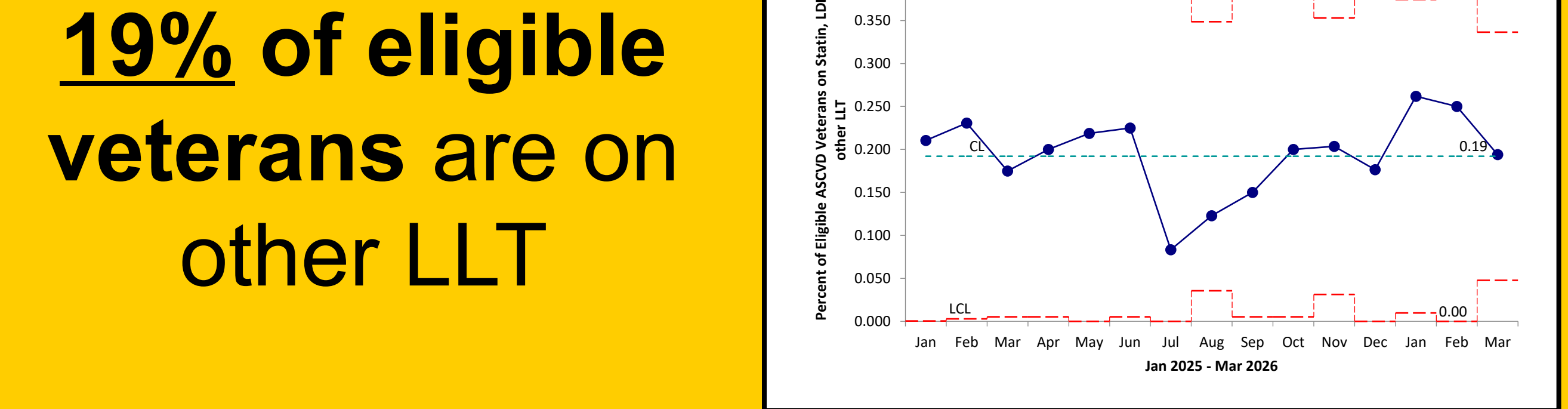
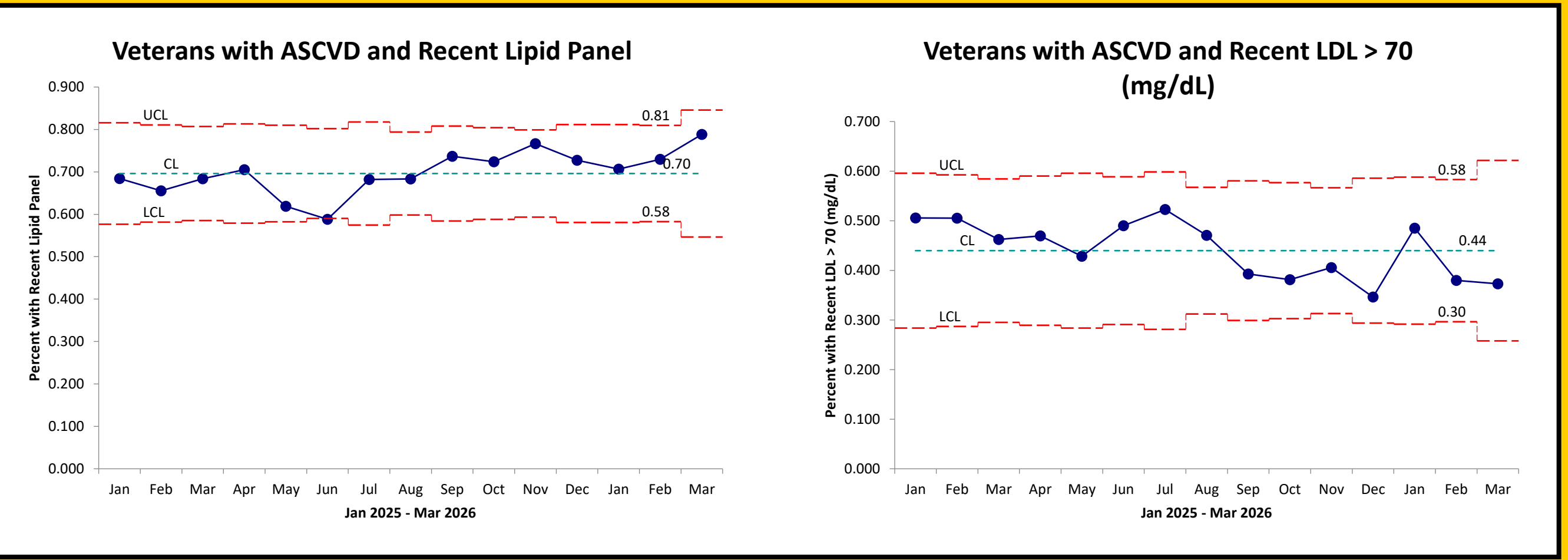
## Smart Aim

- Decrease the number of ICVA resident PCP patients with ASCVD:
- Without a lipid panel in the last 12 months from 33% to 20% in the next 6 months.
  - With a lipid panel in the last 12 months and LDL ≥70 from 45% to 30% in the next 6 months



**33%** of veterans with ASCVD have not had a recent lipid check (12 m)

**45%** of veterans with ASCVD have an LDL ≥70.



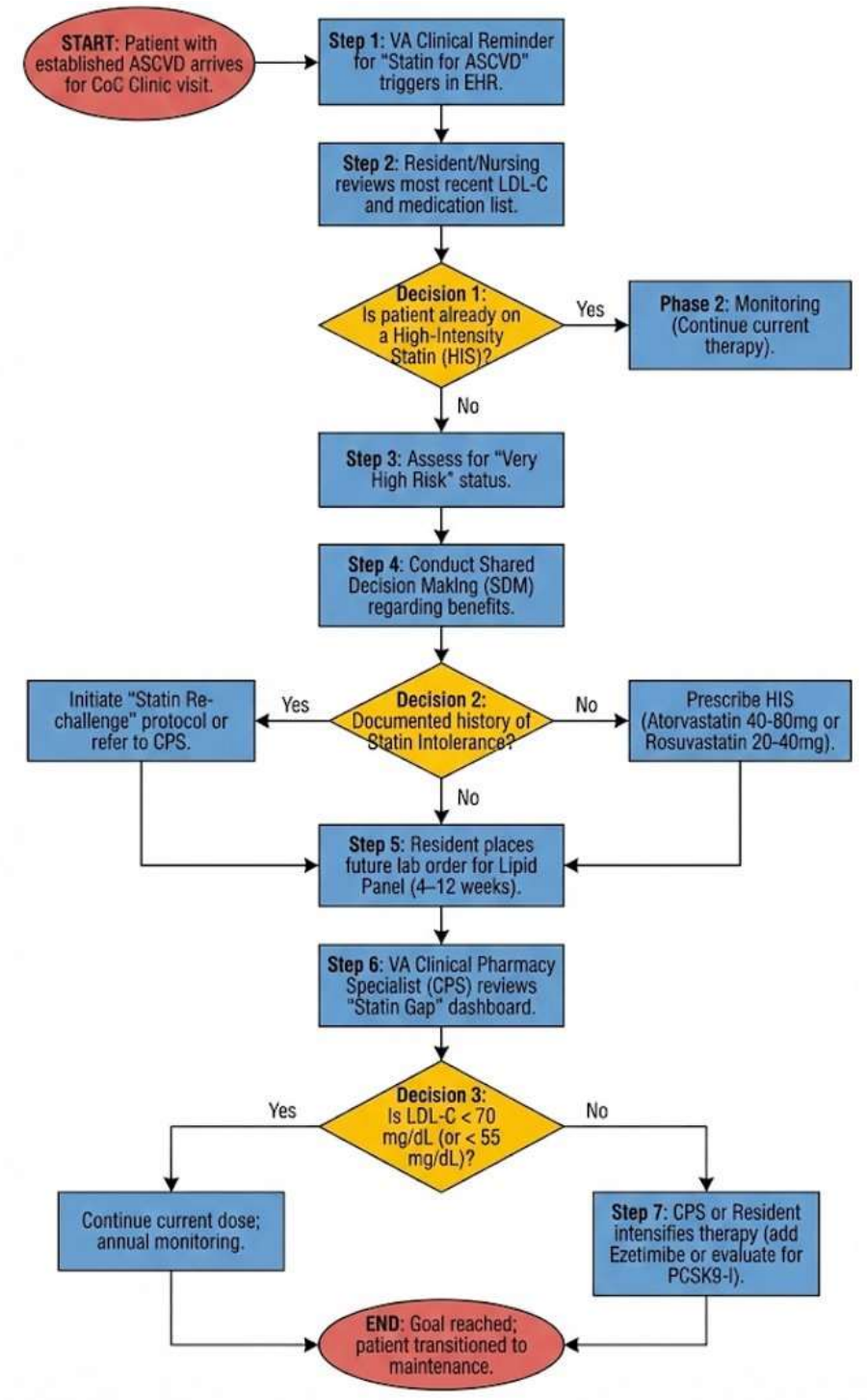
## Interventions

**Educational materials + Teams Message**

**Changing Lipid Management Quick Order Section**

**Resident competition**

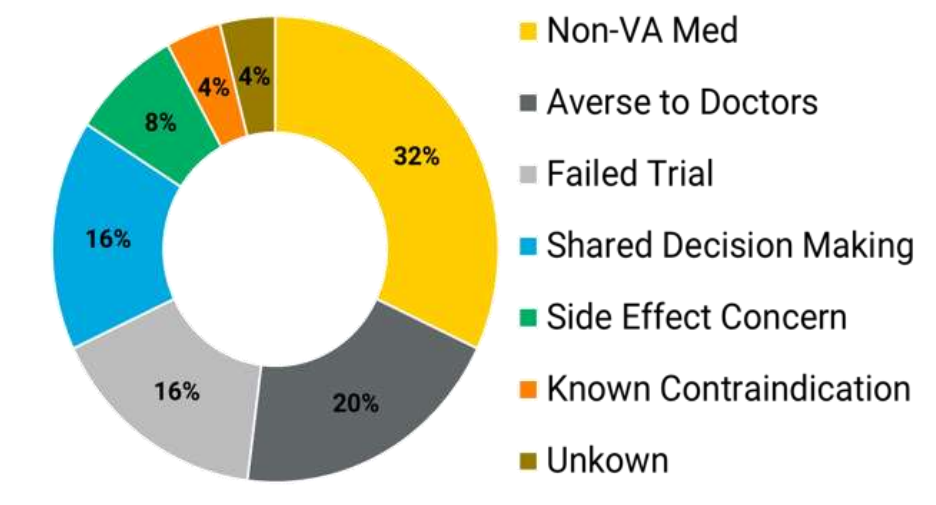
## Process Map



## Barriers to LLT Use

### Responses

- "patient is following with cards"
- "patient not interested"
- "making other medication changes"
- "LDL is already very close or equal to 70. Will another medication provide significant benefit?"



### Next Steps

- Track performance metric throughout next 6-12 months.
- Continue to follow-up and reassess effect of interventions on improving prescribing and monitoring of lipid lower therapies in veterans with ASCVD.
- Expand to identify targeted patients who are at **very high risk** as the 2026 ACC/AHA guidelines suggest more aggressive **LDL goals <55 mg/dL**.

### References

- Ward et al. Lipid management in US veterans at risk for and diagnosed with ASCVD. JACC. 2024.
- Cannon et al. Use of lipid-lowering therapies over 2 years in GOULD, a registry of patients with ASCVD in the US. JAMA Cardiol. 2021.
- Navar et al. Lipid management in US commercial and Medicare enrollees with ASCVD. JACC. 2025.
- Nelson et al. High-intensity statin use among patients with atherosclerosis in the U.S. J Am Coll Cardiol. 2022.
- Ballantyne et al. There is an urgent need to re-establish LDL-C measurement as a quality metric. J Am Coll Cardiol Adv. 2024.
- Blumenthal et al. 2026 ACC/AHA multisociety guideline on the management of dyslipidemia: a report of the ACC/AHA Joint Committee on Clinical Practice Guidelines. Circulation. 2026.
- Cannon et al. Ezetimibe added to statin therapy after acute coronary syndromes. N Engl J Med. 2015.
- Sabatine et al. Evolocumab and clinical outcomes in patients with cardiovascular disease. N Engl J Med. 2017.
- Schwartz et al. Alirocumab and cardiovascular outcomes after acute coronary syndrome. N Engl J Med. 2018.