

Statins vs Lipfendra (Enlicitide) vs Repatha (Evolocumab)

Category	Statins	Lipfendra	Repatha
Drug class	HMG CoA reductase inhibitor	Oral PCSK9 inhibitor (macrocytic peptide)	Injectable monoclonal antibody PCSK9 inhibitor
Mechanism	Blocks hepatic cholesterol synthesis, increasing LDL receptors	Binds circulating PCSK9, preventing LDL receptor degradation	Binds circulating PCSK9, preventing LDL receptor degradation
Closest relative	Unique class	Essentially an oral version of Repatha	Injectable PCSK9 inhibitor
Administration	Oral daily	Oral daily	Subcutaneous every 2 weeks or monthly
LDL reduction	30 to 55%	56 to 60%	About 60%
Lp(a)	Minimal	Unknown/minimal	20 to 30% reduction
Triglycerides	Mild reduction	Minimal	Minimal
HDL	Slight increase	Neutral	Neutral
hs CRP	Proven reduction	Not proven	Little direct effect
Plaque stabilization	Proven	Unknown	Likely from LDL lowering
Primary prevention	Extensive	None yet	Limited
Secondary prevention	Extensive	None yet	Extensive
Heart attack reduction	Proven	Not yet demonstrated	Proven
Stroke reduction	Proven	Not yet demonstrated	Proven
CV death reduction	Yes	Unknown	Modest benefit
Clinical experience	>35 years	New in 2026	~11 years
Guideline role	First line	Add on or statin intolerance	Add on after statin ± ezetimibe
Estimated monthly cash cost	\$5 to \$20	About \$315	About \$580 to \$650

Pros and Cons

	Statins	Lipfendra	Repatha
Pros	Lowest cost. Extensive outcomes data. Proven mortality benefit. Plaque stabilization. Anti inflammatory effects.	Oral pill. LDL lowering similar to Repatha. Excellent for statin intolerance. Little muscle toxicity signal.	Largest LDL reduction. Proven reduction in MI and stroke. Excellent long term safety. Lowers Lp(a).
Cons	Muscle symptoms. Rare liver enzyme elevations. Small diabetes risk.	No cardiovascular outcomes data yet. Daily fasting dosing. Limited long term experience.	Injection required. Expensive. Prior authorization common. Injection site reactions.