

Select statin intensity based on patient risk factors. Each intensity grouping has an expected LDL response that can be used to assess adherence.<sup>1</sup>

High-intensity Lowers LDL by $\geq 50\%$	Moderate-intensity Lowers LDL 30-50%
atorvastatin 40-80mg	atorvastatin 10-20mg
rosuvastatin 20-40mg	rosuvastatin 5-10mg
If the patient cannot tolerate a high-intensity statin regimen, prescribe the highest tolerated dose.	simvastatin 20-40mg
	pravastatin 40-80mg

Checklist for most patients with statin-associated muscle symptoms

- Assess whether the patient requires a statin.
- Was creatine kinase (CK) elevated?
  - If CK elevation  $\leq 4x$  upper limit of normal (ULN), rechallenge.
  - If CK elevation  $>4x$  ULN, refer to a lipid specialist.
- Check for drug-drug interactions (e.g. fibrates, colchicine, cyclosporine, telaprevir).
- Withhold statin therapy for 2-4 weeks, or until symptoms resolve.
- If symptoms do not resolve, consider alternate causes of muscle symptoms and rechallenge.
- If symptoms improve after stopping statin, rechallenge with a second statin.
- If the patient develops muscle symptoms on second statin, hold statins, then rechallenge with a third statin at low dose or an alternate dosing schedule (e.g. every other day).

Visit [AlosaHealth.org/modules/lipids](http://AlosaHealth.org/modules/lipids) for extensive documentation of these recommendations and additional materials for prescribers and patients.



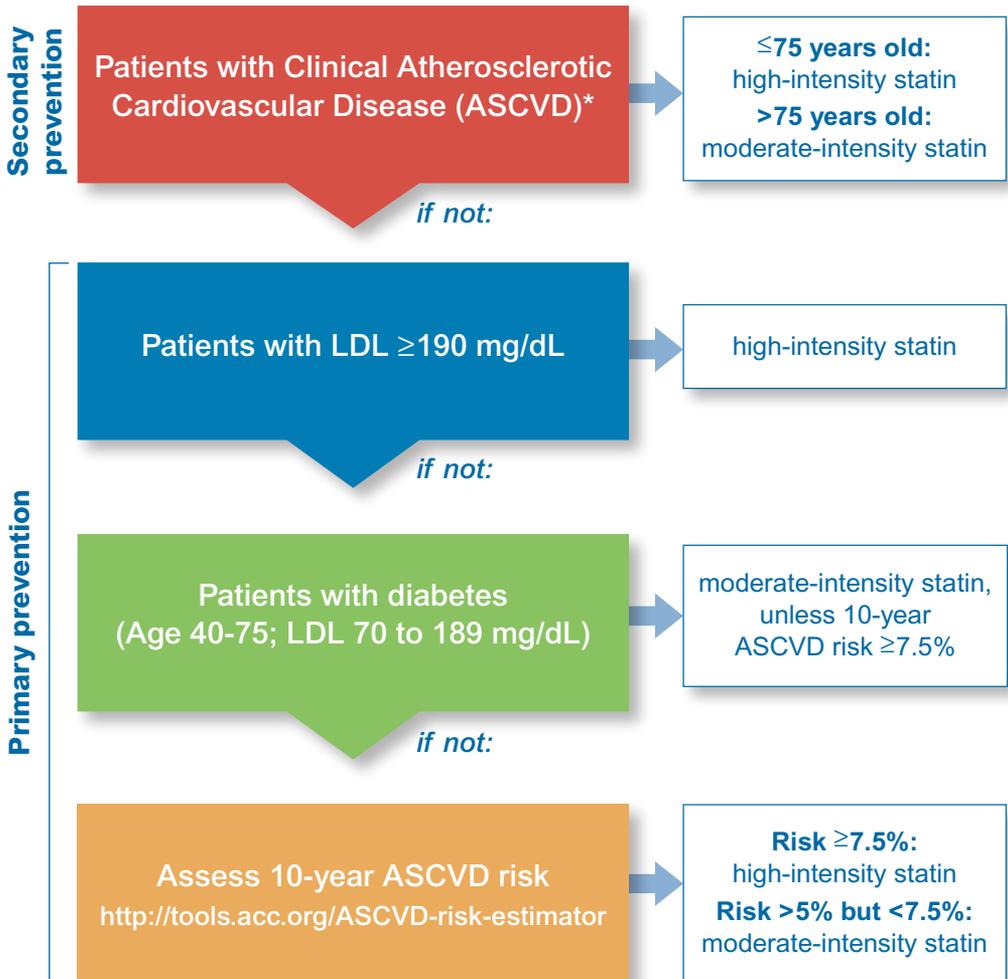
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Balanced information for better care

These are general recommendations only; specific clinical decisions should be made by the treating physician based on an individual patient's clinical condition. These materials were made possible by the PACE Program of the Department of Aging of the Commonwealth of Pennsylvania. Links to references can be found at [AlosaHealth.org](http://AlosaHealth.org).

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# The 2013 American College of Cardiology and American Heart Association (ACC/AHA) Guidelines define four risk groups for treatment.<sup>1</sup>



\*Clinical ASCVD: acute coronary syndrome (ACS), myocardial infarction (MI), angina, revascularization, stroke, TIA, or peripheral arterial disease.

(1) Stone NJ, Robinson JG, Lichtenstein AH, et al. 2013 ACC/AHA guideline on the treatment of blood cholesterol to reduce atherosclerotic cardiovascular risk in adults: a report of the American College of Cardiology/American Heart Association Task Force on Practice Guidelines. *Circulation*. 2014;129(25 Suppl 2):S1-45.