



## Appendix D: Pharmaceutical Table – Statins

Statins*	Dosages for Primary Prevention <sup>†</sup>	Serious Adverse Events
<b>Atorvastatin</b> (Lipitor <sup>®</sup> , 1997, G) Tabs: 10, 20, 40, 80 mg	10 mg PO daily <sup>1</sup>	<p><b>Elevated liver enzymes:</b> statins are associated with a dose-dependent risk of elevated liver transaminases.</p> <ul style="list-style-type: none"> <li>In the absence of elevated bilirubin levels, isolated elevations of transaminases have not been linked with liver injury or dysfunction.<sup>2</sup> Refer to latest product monograph for specific recommendations on liver function testing. Although available evidence does not support routine monitoring of liver enzymes in asymptomatic patients solely for the purpose of detecting adverse drug reactions, patients on a statin who have elevated transaminases should be investigated to exclude other etiologies.<sup>2</sup></li> </ul> <p><b>Myopathy (myalgias, myositis, rhabdomyolysis):</b> A systematic review reported an incidence of myopathy of 11 per 100,000 person-years and of rhabdomyolysis of 3.4-4.2 per 100,000 person-years.<sup>3</sup> Accuracy of estimates is limited by the lack of consensus for case definitions.<sup>4,5</sup></p> <ul style="list-style-type: none"> <li>Some risk factors include: advanced age, female sex, low body mass, frailty, high statin dose, and drug interactions.<sup>5,6</sup> Combination of a statin with a fibrate or niacin can increase risk of myopathy and rhabdomyolysis.</li> <li>Before starting statin, documenting baseline muscle symptoms may be helpful.<sup>5</sup> Clinicians should monitor for muscle symptoms and advise patients to report such symptoms.<sup>6</sup></li> </ul> <p><b>Neuropathy:</b> A systematic review reported an incidence of 12 per 100,000 person-years. It is suggested that unexplained peripheral neuropathy while on statin therapy be assessed.<sup>3</sup></p> <p><b>New-onset diabetes:</b> Statins have been shown to increase risk of incident diabetes (Fasting blood glucose <math>\geq 7</math> mmol/L) by 0.4% in absolute terms (NNTH of 225 over 4 years).<sup>7</sup></p>
<b>Fluvastatin</b> (Lescol <sup>®</sup> , 1997, G) Caps: 20, 40 mg XL Tab: 80 mg		
<b>Lovastatin</b> (Mevacor <sup>®</sup> , 1997, G) Tabs: 20, 40 mg	20 - 40 mg PO daily <sup>8</sup>	
<b>Pravastatin</b> (Pravachol <sup>®</sup> , 1996, G) Tabs: 10, 20, 40 mg	20 - 40 mg PO daily <sup>9</sup>	
<b>Rosuvastatin</b> (Crestor <sup>®</sup> , 2003, G) Tabs: 5, 10, 20, 40 mg	10 - 20 mg PO daily <sup>10</sup>	
<b>Simvastatin</b> (Zocor <sup>®</sup> , 1999, G) Tabs: 5, 10, 20, 40, 80 mg	20 - 40 mg PO daily <sup>11</sup>	

**Abbreviations:** Caps capsules; G generic brand(s) available; L liter; mg milligrams; mmol millimoles; NNTH number needed to harm; Tabs tablets

For information on the current costs of statins, please visit BC PharmaCare Formulary Search ([www.health.gov.bc.ca/pharmacare/benefitslookup/](http://www.health.gov.bc.ca/pharmacare/benefitslookup/)). Drug coverage is subject to drug price limits set by PharmaCare and to the patient's PharmaCare plan rules and deductibles. See: [www.health.gov.bc.ca/pharmacare/plans/index.html](http://www.health.gov.bc.ca/pharmacare/plans/index.html) and [www.health.gov.bc.ca/pharmacare/policy.html](http://www.health.gov.bc.ca/pharmacare/policy.html) for further information.

\* Listed in alphabetical order. Consult product monographs for the most current prescribing information and regularly review current Health Canada advisories, warnings and recalls at [www.hc-sc.gc.ca/ahc-asc/media/advisories-avis/index-eng.php](http://www.hc-sc.gc.ca/ahc-asc/media/advisories-avis/index-eng.php).

<sup>†</sup> Dosages are selected from placebo-controlled pivotal trials where: 1) primary outcomes included coronary heart disease endpoints (not surrogates); 2) studies were of sufficient quality such that findings were considered to be valid; 3) statistically significant reduction in major coronary events as reported in an individual patient level meta-analysis.<sup>12</sup> Refer to product monograph for recommended starting doses, dose adjustments in renal failure, maximum doses in specific ethnic populations (e.g., rosuvastatin in Asian population).

## References

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