

# Did You Know? Cholesterol-Lowering Medications

## Lifesaving

- Decreased risk of heart attack (54%) and stroke (48%) in thousands of people every year.
- Risk of a second cardiovascular event reduced by almost 50%.

## Safe

- Only one person in 10,000 or more develop severe pain and muscle damage.
- Risk for liver damage or diabetes is rare.

## Cholesterol medications on VIP formulary – all Tier 1 except for Repatha<sup>®</sup> PCSK9

Statins	Cholesterol absorption inhibitors	Fibrates	Bile acid sequestrants	Nicotinic acid agents	PCSK9 inhibitors (requires prior authorization from cardiology/lipid specialist)
Atorvastatin 10, 20, 40, 80 mg	Ezetimibe 10 mg	Fenofibrate tablets 54,160 mg	Cholestyramine powder or packet 4 grams	Niacin tablets ER 500, 750, 1,000 mg	Repatha sub-cu pen 140 mg/ml
Pravastatin 10, 20, 40, 80 mg	Ezetimibe simvastatin 10 – 10, 10 – 20, 10 – 40, 10 – 80 mg	Gemfibrozil 600 mg	Colestipol tablet or packet 1 or 5 grams		Repatha syringe 140 mg/ml
Rosuvastatin 5, 10, 20, 40 mg		Fenofibrate micronized capsules 48, 145, 160 mg	Omega-3 1 gram		
Simvastatin 5, 10, 20, 40, 80 mg					
Lovastatin 10, 20, 40 mg					

## Who should be on

### cholesterol-lowering medications?

- People with atherosclerotic cardiovascular (ASCVD) disease.
- People with a history of:
  - Angina.
  - Cerebrovascular accident (CVA).
  - Myocardial infarction (MI).
  - Peripheral vascular disease (PVD).
- People with high elevations (> 190) of LDL cholesterol.
- People ages 40 – 75 with diabetes.
- People ages 40 – 75 with 10-year risk for an ASCVD event > 7.5% (use ASCVD estimator app).

### Is your patient “statin-intolerant”?

- 30% of patients complain of muscle aches, pain, stiffness, or weakness.
- 70% of “statin-intolerant” patients **can** take statins; it may take patience and persistence.
- Increased risk of diabetes is rare; rhabdomyolysis is even rarer.

### Steps for addressing statin intolerance

- Do full assessment of muscle symptoms, such as physical activity, hypothyroidism, vitamin D deficiency, steroid myopathy, and arthritis.
- Check renal and hepatic function, creatine kinase, and urine for myoglobin if you suspect rhabdomyolysis.
- Review medications; avoid fibrates and macrolides, and discuss steroids and bisphosphonates.
- Consider a statin “holiday” of two to four weeks; if symptoms persist, you can rule out statin intolerance.
- Consider restarting a lower dosage or a different statin.
- Consider a statin that has fewer side effects, such as rosuvastatin, pravastatin, or fluvastatin.
- Consider trying alternate day or twice-weekly statin.