

ATORVASTATIN

Class: Antilipemic Agent, HMG-CoA Reductase Inhibitor

Indications: Treatment of dyslipidemias or primary prevention of cardiovascular disease (atherosclerotic) as detailed below:

-Primary prevention of cardiovascular disease (high-risk for CVD): To reduce the risk of MI or stroke in patients without evidence of heart disease who have multiple CVD risk factors or type 2 diabetes. Treatment reduces the risk for angina or revascularization procedures in patients with multiple risk factors.

-Secondary prevention of cardiovascular disease: To reduce the risk of nonfatal MI, nonfatal stroke, revascularization procedures, hospitalization for heart failure, and angina in patients with evidence of coronary heart disease.

-Treatment of dyslipidemias: To reduce elevations in total cholesterol (C), LDL-C, apolipoprotein B, and triglycerides in patients with elevations of one or more components, and/or to increase low HDL-C as present in Fredrickson type IIa, IIb, III, and IV hyperlipidemias, heterozygous familial and nonfamilial hypercholesterolemia, and homozygous familial hypercholesterolemia

-Treatment of heterozygous familial hypercholesterolemia (HeFH) in adolescent patients (10-17 years of age, females >1 year postmenarche) having LDL-C ≥ 190 mg/dL or LDL-C ≥ 160 mg/dL with positive family history of premature cardiovascular disease (CVD) or with two or more CVD risk factors.

Unlabeled : Secondary prevention in patients who have experienced a noncardioembolic stroke/TIA or following an ACS event regardless of baseline LDL-C using intensive lipid-lowering therapy

Dosage:

- **Primary prevention: Note:** Doses should be individualized according to the baseline LDL-cholesterol concentrations, the recommended goal of therapy, and patient response; adjustments should be made at intervals of 2-4 weeks

-**Hypercholesterolemia (heterozygous familial and nonfamilial) and mixed hyperlipidemia (Fredrickson types IIa and IIb):** Oral: Initial: 10-20 mg once daily; patients requiring >45% reduction in LDL-C may be started at 40 mg once daily; range: 10-80 mg once daily

-**Homozygous familial hypercholesterolemia:** Oral: 10-80 mg once daily

-Secondary prevention:

-**Clinically-evident coronary heart disease:** Oral: Initial: 80 mg once daily; adjust based on patient tolerability and recommended goal LDL-C (LaRosa, 2005)

-**Intensive lipid-lowering after an ACS event regardless of baseline LDL (unlabeled use):** Oral: Initial: 80 mg once daily; adjust based on patient tolerability and recommended goal LDL-C (Cannon, 2004; Pederson, 2005; Schwartz, 2001). **Note:** Currently, the ACC/AHA guidelines for UA/NSTEMI do not specify which statin to use (Anderson, 2007).

-**Noncardioembolic stroke/TIA (unlabeled use):** Oral: Initial: 80 mg once daily; adjust based on patient tolerability and recommended goal LDL-C (Adams, 2008; Amarenco, 2006)

-Dosage adjustment for atorvastatin with concomitant medications:

-Boceprevir, nelfinavir: Use lowest effective atorvastatin dose (not to exceed 40 mg daily).

- Clarithromycin, itraconazole, fosamprenavir, ritonavir (plus darunavir, fosamprenavir, or saquinavir): Use lowest effective atorvastatin dose (not to exceed 20 mg daily).

- Lomitapide: Consider atorvastatin dose reduction (per lomitapide manufacturer).

Renal Impairment:

No adjustment is necessary.

Hepatic Impairment:

Contraindicated in active liver disease or in patients with unexplained persistent elevations of serum transaminases.

Available dosage form in the hospital: 10MG TAB, 20MG TAB.

Common side effect:

10%: Gastrointestinal: Diarrhea (5% to 14%)

Neuromuscular & skeletal: Arthralgia (4% to 12%). Respiratory: Nasopharyngitis (4% to 13%)

2% to 10%: Central nervous system: Insomnia (1% to 5%). Gastrointestinal: Nausea (4% to 7%), dyspepsia (3% to 6%). Genitourinary: Urinary tract infection (4% to 8%)

Hepatic: Transaminases increased (2% to 3% with 80 mg/day dosing)

Neuromuscular & skeletal: Limb pain (3% to 9%), myalgia (3% to 8%), muscle spasms (2% to 5%), musculoskeletal pain (2% to 5%). Respiratory:
Pharyngolaryngeal pain (1% to 4%)

Pregnancy Risk Factor: X