



Generic Statins: Safe, Effective, and Affordable

The Third Report of the National Cholesterol Education Program (NCEP III) Adult Treatment Panel estimates that over 36 million Americans are candidates for lipid lowering therapy.¹

Lovastatin (Mevacor®) has been available since December 2001 – and soon generic equivalents of Zocor® (simvastatin) and Pravachol® (pravastatin) will be available. The FDA recently approved pravastatin and it is expected to be available by June 2006. Simvastatin is expected to be approved by the FDA in June 2006. Both will provide patients who are prescribed statins additional low cost options.

When determining which statin to prescribe, often drug efficacy, safety, and cost are principal considerations.

Safe and Effective

Currently, there is no clear evidence that any one statin is better at preventing or treating coronary artery disease when NCEP goals are reached.

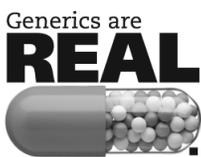
- A recent, randomized, placebo-controlled trial in the *American Heart Journal* compared the efficacy of pravastatin (Pravachol), simvastatin (Zocor), and atorvastatin (Lipitor®) in long-term cardiovascular disease prevention. **The results of the trial demonstrated that no one statin is superior to the other in long-term cardiovascular prevention, when used at optimal doses.**²
- According to NCEP III, reduction of LDL continues to be the primary goal of therapy when managing hypercholesterolemia. **These guidelines consider all statins equivalent when used at equipotent doses.**¹
- The NCEP III also suggests using statins that achieve a **40 percent reduction in LDL for patients at high risk.** Lovastatin, pravastatin and simvastatin all achieve that reduction.¹
- According to the September 2005 statins report from the Oregon Health Resources Commission, **all statins in equipotent doses are effective to reduce LDL up to 40 percent.**³
- The September 2005 statins report also suggests that **all statins when compared at equivalent doses achieve a similar increase in HDL.**³

According to major statin clinical trials (listed in the table on the following page), simvastatin, pravastatin and lovastatin all can be used for primary and secondary prevention.

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Major Statin Clinical Trials

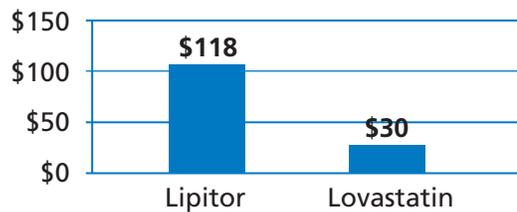
Study	Drug	Prevention Type	Percent of Risk Reduction
AFCAPS/ TexCAPS WOSCOPS	lovastatin pravastatin	Primary Primary	34% 31%
CARE	pravastatin	Secondary	24%
LIPID	pravastatin	Secondary	24%
4S	simvastatin	Secondary	34%
MIRACL	atorvastatin	Secondary	16%
HPS	simvastatin	Secondary	24%*

*Defined as reduction in total ischemic events

Affordable

Lipitor is one of the several brand name prescription medications currently available to help treat high cholesterol, whereas lovastatin (Mevacor) is the only generic medication currently available.

Brand vs. Generic Statin Average Cost Per Month



If someone needs a moderate reduction in their cholesterol level and purchases a 30-day supply of Lipitor (20mg), the average cost could be up to \$118. However, a 30-day supply of lovastatin (40mg) costs around \$30.⁴

That would mean a monthly savings of up to \$88 and a yearly savings of \$1,056!

Tips To Help Your Patients

As more generic statins become available, please consider the benefits of switching your patients to a lower-cost, but equally safe and effective option.

If you prescribe Lipitor, consider Zocor, Pravachol or lovastatin for existing patients and new starts. (See chart on the following page.)

Equipotent Doses of Statins and Expected Percentage of LDL⁵ Reduction

atorvastatin (Lipitor)	lovastatin (Mevacor)*	simvastatin (Zocor)**	pravastatin (Pravachol)**
	20 mg = 29%	10 mg = 28%	20 mg = 24%
10 mg = 38%	40 mg = 31% or 80 mg = 40-48%	20 mg = 35%	40 mg = 34
20 mg = 46%	80 mg = 40-48%	40 mg = 40%	80 mg = 40%
40 mg = 51%		80 mg = 48%	
80 mg = 54%			

* Currently available generically

** Expected to be available generically mid 2006

Switching your patients to a lower-cost generic immediately will save them money now and as new generics become available. It will also help you transition a large patient population to generics.

Things to Consider When Prescribing Statins

- Drug Interaction Note: If your patient is on diltiazem, verapamil, cyclosporin, chronic erythromycin, nefazadone, protease inhibitors, azole antifungals, tacrolimus and/or amiodarone, please consider using pravastatin or Zetia (ezetimibe). Simvastatin and lovastatin should be avoided in these instances.
- All statins are effective in men, women, and the elderly. There is also no evidence supporting differences in efficacy between racial groups.
- There is good evidence for improved cardiac outcomes with atorvastatin, lovastatin, pravastatin and simvastatin when compared with placebo. There is also good quality evidence for reduction of risk of stroke with pravastatin and simvastatin when compared with placebo.
- In shorter-term studies, there is no evidence to suggest that statins differ in their safety in diabetic patients. Furthermore, long-term studies have shown that atorvastatin, fluvastatin, lovastatin, pravastatin and simvastatin can be used safely in patients with diabetes.

Benefit Coverage Requirements

The following information is dependent on the member's prescription drug plan and may not apply to all benefits.

Our 2006 formulary is designed to support the use of generic statins whenever possible. Currently, Zocor and Pravachol are in the second tier. However, when simvastatin and pravastatin become available, they will be placed in the first tier with lovastatin (lowest member copayment).

Additionally, all new starts will require a trial of a generic (pravastatin and simvastatin) before the brand (Pravachol and Zocor) will be covered. It is expected that later this year all branded statins, with the exception of Lipitor 80mg, will be moved to the third tier (requires the highest member copayment).

- Current evidence reviewed for this report does not demonstrate a difference in liver toxicity and myotoxicity at equipotent doses.

If you have any questions about this information, please call the FLRx Drug Information Service line at 1-877-777-2737 or email your questions to myrxconnection@FLRx.com.

References

1. *Third Report of the National Cholesterol Education Program (NCEP III) Adult Treatment* (NIH Publication No. 01-3670), May 2001. Web address (last accessed 12/13/05): <http://www.nhlbi.nih.gov/guidelines/cholesterol/atp3xsum.pdf>
2. *American Heart Journal*. February 2006; 151(2): 273-281.
3. *Oregon Health Resource Commission, HMG-CoA Reductase Inhibitors (Statins) Update #3 Subcommittee Report*, September 2005. Web address (last accessed 12/13/05): http://www.oregon.gov/DAS/OHPPR/HRC/docs/STATIN_HRC.pdf
4. Treating Elevated Cholesterol and Heart Disease: The Statins. *Consumer Reports Best Buys Drugs*.™ www.CRBESTBUYDRUGS.org
5. (Reference for percentage of LDL reduction) Pharmacist's Letter/ Prescriber's Letter. "Characteristics of the Various Statins, March 2004. Web site (last accessed 12/13/05): [http://www.pharmacistletter.com/\(1z2vob55dc5lsu2jmvsvhqfc\)/pl/ArticleDD.aspx?li=1&st=2&cs=CE&s=PL&pt=2&dd=190801](http://www.pharmacistletter.com/(1z2vob55dc5lsu2jmvsvhqfc)/pl/ArticleDD.aspx?li=1&st=2&cs=CE&s=PL&pt=2&dd=190801)

