

Choosing and Using Statins

Quick reference for statin selection and use

Common Statins and Dosing		LDL-C Reduction Statin Intensity	Notes
Hydrophilic	Rosuvastatin: 5 – 40 mg daily Pravastatin: 10 – 80 mg daily	Moderate-dose intensity: 30 to <50% High-dose intensity: >50%	<ul style="list-style-type: none"> • First line therapy for primary or secondary prevention of CVD • Rechallenge should be considered if intolerance occurs • Longer-acting statins (e.g., atorvastatin, rosuvastatin, pitavastatin) may be taken any time of day • Most statins are dosed once daily; some may be given twice daily
Lipophilic	Atorvastatin: 10 – 80 mg daily Simvastatin: 5 – 40 mg daily Lovastatin: 10 – 80 mg once or twice daily Fluvastatin: 20 – 80 mg once or twice daily Pitavastatin: 1 – 4 mg daily	High-intensity statins: Atorvastatin: 40 - 80 mg Rosuvastatin: 20 - 40 mg	
Drug Interaction Considerations			Adverse Drug Reactions
<ul style="list-style-type: none"> • Statins vary in metabolic pathways • Refer to product labeling for drug interactions and dosing limits • Use caution in special populations (older adults, renal/hepatic impairment, Asian patients); refer to product labeling for dosing guidance 			Risk for: <ul style="list-style-type: none"> • Myalgia • Myopathy • Rhabdomyolysis Other risks: <ul style="list-style-type: none"> • New-onset diabetes (primarily with higher doses) • Elevated liver enzymes • Asymptomatic CK elevation

When Statins Are Not Tolerated

Quick reference for managing intolerance and selecting alternatives

Symptoms

Hold Statin

Reassess and
Confirm Intolerance

Rechallenge
(lower dose or
different statin)

If still not tolerated

Use non-statin
therapy

When to Use Non-Statins

- Statin intolerance
- Inadequate LDL-C reduction on maximally tolerated statin
- High-risk patients requiring additional LDL-C lowering

Non-Statin Options

Cholesterol Absorption Inhibitor Ezetimibe	<ul style="list-style-type: none"> • Oral • Moderate LDL-C reduction
PCSK9 Inhibitors Alirocumab/Evolocumab	<ul style="list-style-type: none"> • Injectable • Large LDL-C reduction
ATP Citrate Lyase Inhibitor Bempedoic Acid	<ul style="list-style-type: none"> • Oral option
Icosapent Ethyl	<ul style="list-style-type: none"> • Used for triglyceride reduction • Not primary LDL-C therapy
siRNA Agent Inclisiran	<ul style="list-style-type: none"> • Injectable (infrequent dosing)

- Use maximally tolerated statin whenever possible
- Rechallenge is recommended before discontinuation
- Combination therapy may be required to achieve LDL-C goals