Optimisation Pathway for Primary Prevention

North Central London Joint Formulary Committee

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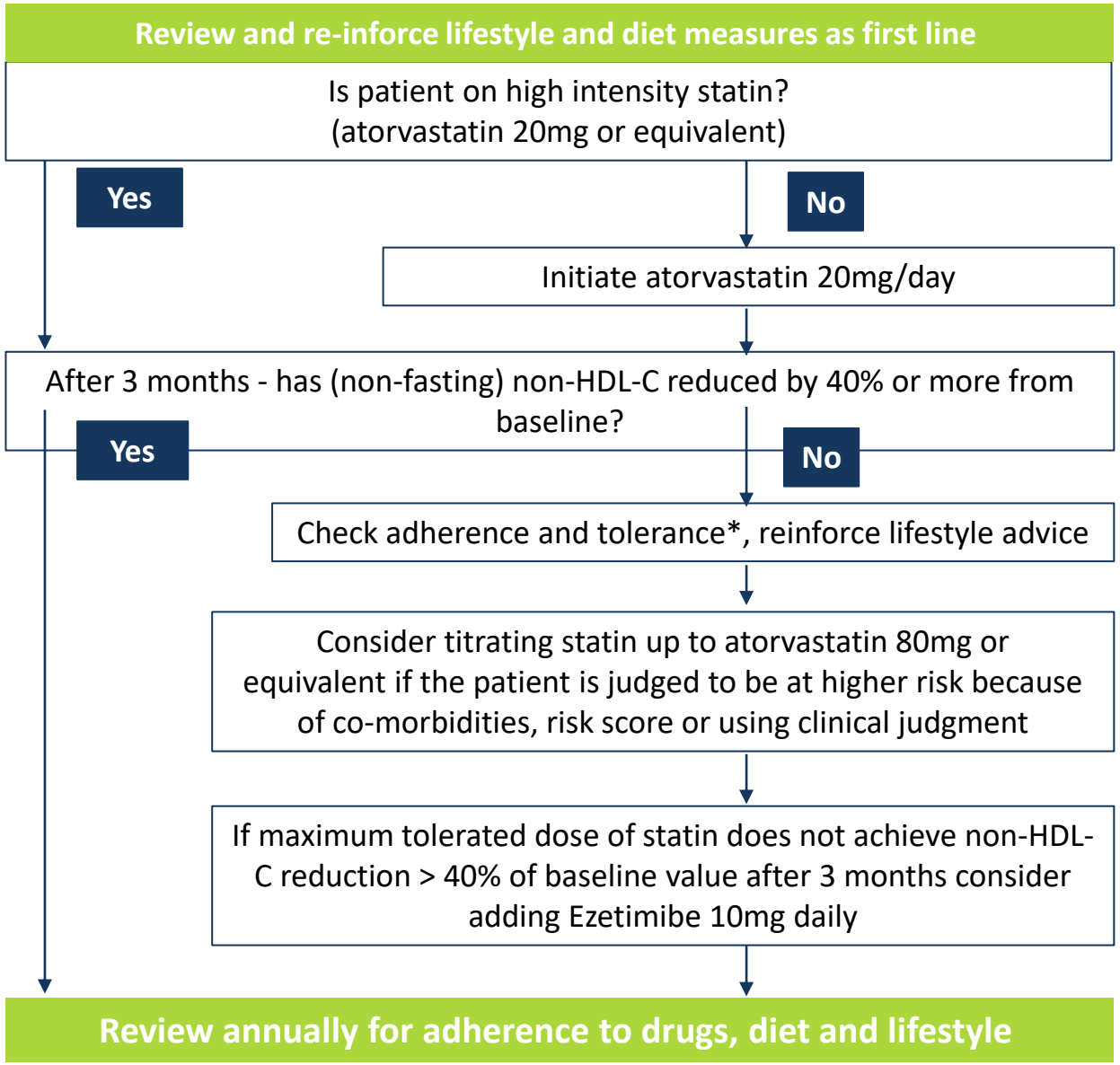

Optimal High Intensity statin for Primary Prevention (High intensity statins are substantially more effective at preventing cardiovascular events than low/medium intensity statins)	
Atorvastatin	20mg
Rosuvastatin	10mg

* If statin not tolerated, follow statin intolerance pathway and consider ezetimibe 10mg daily +/- bempedoic acid 180mg daily (**or** bempedoic acid monotherapy if patient is intolerant to both statins and ezetimibe.)

Further information on management for patients with chronic kidney disease (CKD) is available in the NHS AAC lipid management guidance

Statin Intensity Table – NICE recommends Atorvastatin and Rosuvastatin as First Line

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Approximate Reduction in LDL-C					
Statin dose mg/day	5	10	20	40	80
Pravastatin		20%	24%	29%	
Simvastatin		27%	32%	37%	42%
Atorvastatin		37%	43%	49%	55%
Rosuvastatin	38%	43%	48%	53%	
Atorvastatin + Ezetimibe 10mg		52%	54%	57%	61%

Low/moderate intensity statins will produce an LDL-C reduction of 20-30%

Medium intensity statins will produce an LDL-C reduction of 31-40%

High intensity statins will produce an LDL-C reduction above 40%

Simvastatin 80mg is not recommended due to risk of muscle toxicity