



Statin Cost Efficacy

The **Statin Cost Efficacy Grid** details the cost and LDL lowering efficacy of all currently available statins. Statins and doses are highlighted based on evidence or cost efficacy. The green column highlights the minimum therapeutic bar for treatment of low and moderate risk patients. The orange column highlights the minimum therapeutic bar to halt atherosclerotic progression. The pink column highlights the minimum therapeutic bar for treatment of high risk patients or patients with atherosclerotic risk equivalents. The bright orange column highlights the minimum therapeutic bar to induce atherosclerotic regression. See the **Lipid Optimization Tool** for the therapeutic protocol.

STATIN	Dose	Cost/tab\$	%LDL Red	%LDL Red Law	%LDL Red Stellar	%LDL Reduction						
						30%	35%	40%	45%	50%	55%	60%
Lovastatin	20mg	0.49	26	29								
(generic)	40mg	0.90	31	37		0.9						
Pravastatin	10mg	0.41	22	20	20							
(generic)	20mg	0.48	25	24	24							
	40mg	0.58	30	29	30	0.58						
Simvastatin	5mg	0.26	27	23								
(generic)	10mg	0.51	30	27	28	0.51						
	20mg	0.63	35	32	35		0.63					
	40mg	0.63	40	37	39			0.63				
	80mg	0.63	46	42	46				0.63			
Fluvastatin	20mg	0.85	19	21								
(generic)	40mg	1.19	29	27		1.19						
	XL 80mg	1.44	36	33			1.44					
Atorvastatin	10mg	0.42	40	37	37	0.42	0.42	0.42				
	20mg	0.52	45	43	43				0.52			
	40mg	0.56	51	49	48					0.56		
	80mg	0.56	58	55	51						0.56	
Rosuvastatin	5mg	0.32	42	38				0.32				
	10mg	0.34	52	43	46				0.34			
	20mg	0.43	55	48	52					0.43		
	40mg	0.45	63	53	55						0.45	

* Average % reduction: Use to estimate initial statin dose. Actual response varies by patient and subgroup (age and gender).

Cost based on Ontario ODB pricing-updated November 2012. For cost to patient, add 10% plus prescribing fee.

Select Statin based on efficacy, safety, evidence and cost.

Revised November 2012

EVIDENCE

COST

HPS/ASCOT/CARDS

REVERSAL

PROVE-IT/TNT/IDEAL/AtoZ/SPARCL

ASTEROID

The 2012 CCS/Canadian guidelines for the diagnosis and treatment of dyslipidemia and prevention of cardiovascular disease in the adult (<http://www.ccsguidelineprograms.ca>) recommends targeting LDL reduction to $\geq 50\%$ when treating any level of cardiovascular risk with pharmacotherapy. Initiation thresholds vary depending on level of risk and presence of risk modifiers.

