

Prescribing...

Intensive statin therapy

- The patent on Atorvastatin, the islands' single most expensive treatment, finally expired in May 2012.
- The cost of **10mg Atorvastatin** has already fallen from £13.80 per month to **£1.92** per month and further price falls are likely later in the year.
- **Simvastatin 40mg** remains the best value statin and costs **£1.20** per month.
- **Rosuvastatin** will be on patent until at least 2018 and costs **£18.10** per month for a month's supply of **10mg** tablets.
- The more affordable price and the strength of the evidence base mean that it is vital that patients requiring more intensive statin treatment are prescribed atorvastatin.
- Rosuvastatin is not licensed for secondary prevention and may only be prescribed at public expense on the advice of either Dr Patterson or Dr Oswald for patients with documented intolerance to two other statins.

1. Atorvastatin

Back in 1994, the landmark Scandinavian Simvastatin Survival Study ("4S") demonstrated for the first time that a new class of drug could reduce morbidity and mortality in patients with ischaemic heart disease, leading to a major change in the way the condition is managed. The past 18 years have seen the introduction of other statins, local, national and international guidance on their use and a significant increase in the numbers of people taking such drugs. For much of this time the choice of statin has been hotly debated by clinicians and funders of health services. The proportion of "low-cost" statins dispensed in primary care has been measured, monitored and even incentivised in the UK.

Despite its high cost compared with simvastatin and pravastatin, atorvastatin is the second most widely prescribed statin. A variety of reasons may have contributed to this popularity. However, the most significant issue relates to potency. Per mg, simvastatin and pravastatin are not as effective at reducing LDL cholesterol. For each 1mmol/L reduction in LDL cholesterol is associated with a 20% relative risk reduction in major cardiovascular events over 5 years of treatment. However, dose titration of simvastatin above 40mg has been hampered by concerns over increased incidence of myopathy, and the Medicines and Healthcare products Regulatory Agency has highlighted the potential risks associated with higher doses.

A significant fall in atorvastatin's price will provide local clinicians with the option of another "low acquisition cost" statin and its final price will play a large part in determining its place in UK treatment guidelines. Until the price of all strengths of atorvastatin has settled in the NHS Drug Tariff it would seem sensible to continue to use simvastatin 40mg first line. However local clinicians and patients will welcome the option of another low-cost statin in their armamentarium. The annual spend on atorvastatin was over £600,000 in 2011 so the Bailiwick's taxpayers should greatly benefit from this patent expiry.

2. Rosuvastatin

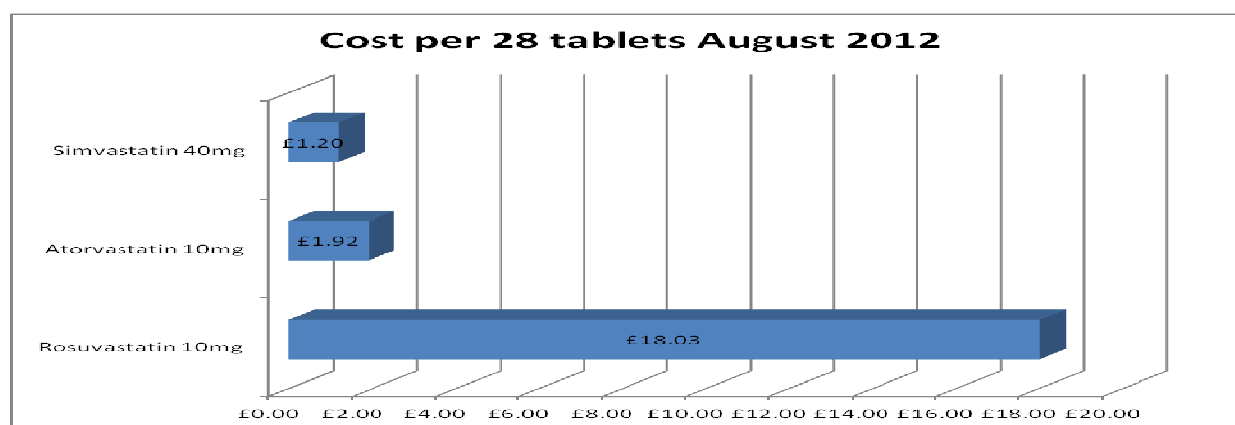
Rosuvastatin has a narrower range of licensed indications than most other statins. It is not licensed for secondary prevention of CV disease. UK authorities report that the majority of rosuvastatin prescribed each year is for this indication. Until the publication of the JUPITER trial there was no published outcome data available. The recently published SATURN study compared treatment with Atorvastatin 80mg to Rosuvastatin 40mg in people with CHD. Both groups saw a regression in atherosclerosis from baseline in about two-thirds of patients but there was no statistically significant difference between the groups.

Rosuvastatin may be tolerated where intolerance to other statins has proven to be a problem. It would also be preferable to ezetimibe in this patient group as it is comparable in cost at higher strengths, it is substantially more effective at lowering TC and LDL-C and has published outcomes data but only for primary prevention.

Prescribing data, as shown below, would suggest that with the exception of a small number of unusual prescribing patterns which are being checked, local guidelines have been largely followed.

Practice	Number of Rxs in 3/12 to May 2012	Cost excl fees
Dr Cooper	3	£54
Dr Lyons	0	0
Healthcare	182	£3,499
L'Aumone and St Sampsons	170	£3,185
QRMP	137	£2,422
MSG	6	£119

Rosuvastatin will remain under patent until at least 2018 and is now the only high-cost high-potency branded statin on the UK market. Costs of equivalent doses of these treatments are as follows.



In summary

- Rosuvastatin is a useful option for the very small numbers of people truly intolerant of existing statins.
- It is expected that numbers on rosuvastatin will now plateau and its use will continue to be monitored carefully.
- Given the very significant reduction in the cost of atorvastatin and the strength of its evidence base, it is vital that is offered first line to those patients who require more intensive statin therapy.

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References : EPACK.net, DTB 10.1136/dtb.2012.05.0133, Drug Tariff August 2012, NICE TA 67