For each new, follow-up, or refill prescription consultation for a statin, answer the following questions with a “Yes” or “No” response. A “Yes” response to any question suggests a potential drug therapy problem exists and you should refer to the item number on the reverse side of this guide for additional information.

NEW RX PROFILE REVIEW

1) Is new prescription an increase in dose for a previously-prescribed statin?............................................ □ Yes □ No
2) If first prescription for statin, is prescribed statin therapy above initial recommended dose? ............. □ Yes □ No
3) Is patient also taking a beta-blocker, corticosteroid, estrogen, retinoid, anabolic steroid or progestational product? ................................................................................................................... □ Yes □ No
4) Is patient taking several different types of medications for chronic medical conditions? ................. □ Yes □ No
5) Is patient also taking a lipid-lowering agent in a different pharmacologic class since the previous prescription was filled? ................................................................................................................................. □ Yes □ No
6) Is patient also taking cyclosporine, erythromycin, clarithromycin, itraconazole, ketoconazole, HIV protease inhibitors, nefazodone? ................................................................................................................................................................................................. □ Yes □ No
7) Is prescribed dose equal to one-half of an available tablet size? ............................................................. □ Yes □ No

NEW RX PATIENT INTERVIEW

1) Have you ever been told you have cardiovascular disease, diabetes, hypothyroidism, liver or renal disease? .................................................................................................................................................... □ Yes □ No
2) Do you drink grapefruit juice on a regular basis? ............................................................................................ □ Yes □ No
3) Have you found it difficult to change your diet and exercise habits? .............................................................. □ Yes □ No
4) Has your doctor told you that your bad cholesterol (LDL) is too high? ..................................................... □ Yes □ No
5) Has your doctor told you that your good cholesterol (HDL) is too low? ..................................................... □ Yes □ No
6) Has your doctor told you that your triglyceride level is too high? ................................................................. □ Yes □ No
7) Does the cost of this medication represent a financial burden to you? ........................................................ □ Yes □ No
8) Would you be willing to split tablets of your medication if it was less expensive? ...................................... □ Yes □ No
9) (If female patient of child bearing age) Are you pregnant, nursing, or considering having a child? .................................................................................................................................................................................. □ Yes □ No

REFILL/FOLLOW-UP PROFILE REVIEW

1) Is patient early or late for their refill based on the days supply dispensed? .................................................. □ Yes □ No
2) Has patient recently started taking a beta-blocker, corticosteroid, estrogen, retinoid, anabolic steroid or progestational product? ........................................................................................................................................ □ Yes □ No
3) Has patient started taking a lipid-lowering agent in a different pharmacologic class since the previous prescription was filled? ................................................................................................................................................................................................. □ Yes □ No

REFILL/FOLLOW-UP PATIENT INTERVIEW

1) Do you sometimes forget to take your medications? .................................................................................. □ Yes □ No
2) Do you sometimes forget to take your medication at bedtime or with meals as directed? .................. □ Yes □ No
3) Have you experienced any of the following symptoms since starting to take this medication:
   a. Muscle aches or pain? ................................................................................................................................. □ Yes □ No
   b. Change in color of your skin or urine? ......................................................................................................... □ Yes □ No
4) Have you seen your doctor since you last had your prescription filled? If yes, ........................................ □ Yes □ No
   a. Did your doctor tell you that your bad cholesterol (LDL) is still too high? ..................................... □ Yes □ No
   b. Did your doctor tell you that your good cholesterol (HDL) is still too low? ..................................... □ Yes □ No
   c. Did your doctor tell you that your triglycerides are still too high? ...................................................... □ Yes □ No
5) Do you need help finding ways to lower your dietary fat intake? .............................................................. □ Yes □ No
6) Do you need help starting or maintaining an exercise program? .............................................................. □ Yes □ No
7) Has it been more than 1 year since you had a blood test to check your liver function? ....................... □ Yes □ No
8) (If female patient of child bearing age) Are you pregnant, nursing, or considering having a child? .................................................................................................................................................................................. □ Yes □ No
9) Are you dissatisfied with your drug therapy? .............................................................................................. □ Yes □ No
1) Needs Therapy – Combination Lipid-Lowering Regimen

Agents in this class can be expected to decrease LDL cholesterol by 16-55%, increase HDL cholesterol by 5-15% and reduce triglycerides from 7-30%. Because drugs in this class are typically very effective, patient compliance should always be verified prior to increasing the dose. Furthermore, a modest 6% reduction in LDL cholesterol can be anticipated when doubling the dose. The addition of bile acid sequestrants, niacin or fibrates may be indicated for those patients where marked reductions in LDL are needed, triglyceride or VLDL-cholesterol is elevated or if the patient cannot tolerate higher doses of statins.

**Recommend:** Addition of a bile acid sequestrant, niacin or fibrate at initially lower doses, then titrated upwards. Monitor patient closely for development of myopathy.

4) Adverse Drug Reaction – Myopathy

While the risk of developing severe myopathy with elevated creatine kinase is relatively small, patients who take multiple medications, have several chronic conditions, are elderly or who are also taking other lipid-lowering agents (fibrates, niacin) are at greater risk. Drugs known to reduce liver metabolism such as amiodarone, cyclosporine, erythromycin, clarithromycin, itraconazole, ketoconazole, HIV protease inhibitors, and nefazodone have the potential to increase serum statin levels and the risk for myopathy. This may also be the case with ingestion of large quantities of grapefruit juice. Small amounts of grapefruit juice present little problem as long as its use is separated from administration of the statin to minimize the potentially serious interaction.

**Refer** high risk patients for a baseline creatine kinase blood level. Instruct patients to immediately report muscle pain and weakness or brown urine. If myopathy is suspected and/or confirmed by a 10-fold increase in creatine kinase level, the statin or interacting medication should be discontinued until levels return to normal and then reinitiated at a lower dose with upward dosage adjustments as indicated and tolerated.

7) Cost Efficacy Management – Alternate Therapy Indicated

If only moderate reductions in LDL cholesterol are required, patients for whom medication cost is a factor may be willing to begin therapy with a less convenient but less expensive agent. **Recommend:** If patient agrees, contact prescriber for approval to dispense double strength dosage form. Educate patient on tablet-splitting technique.

9) Non-Compliance – Incorrect Administration/Technique

All patients should have attempted to lower LDL for three months using only therapeutic lifestyle changes unless necessary reduction in LDL cholesterol is too great. Even when drug therapy has been initiated, it is important for patients to continue a diet low in saturated fat and a regular exercise program to enhance drug efficacy, reduce the need for higher doses and decrease the possibility of ADR’s. **Recommend:** Provide patient with written information on diet and exercise. Refer patient to registered diettian for nutrition counseling, if necessary.

10) Adverse Drug Reaction – Elevated Liver Enzymes

While the risk is relatively small, patients started on a statin should have a liver function test performed 6-12 weeks after initiating therapy and every 6-12 months while on therapy. **Refer** patient for liver function test if not already scheduled.

11) Adverse Drug Reaction – Fetal Risk

Statins are classified by the FDA as category X medications. Category X is assigned to drugs for which animal or human studies, investigational, or postmarketing reports have shown fetal risk which clearly outweighs any possible benefit to the mother. **Recommend:** If patient is pregnant or nursing, consider alternative lipid-lowering agent only if benefits to mother outweigh risk to fetus. If patient suspects they are pregnant, contact physician immediately due to the harmful effects these drugs can have on the fetus.

**Disclaimer:** The information provided is designed for educational purposes only. It is not intended to replace the clinical decision making of a practicing pharmacist nor is it intended to usurp the relationship that exists between a practicing pharmacist and a patient or prescriber. All decisions relating to the provision, nature, and/or extent of pharmacy services provided shall remain exclusively within the discretion of a practicing pharmacist. Outcomes Pharmaceutical Health Care is not liable for any negligent act or omission of a practicing pharmacist and does not warrant, either express or implied, any pharmacy service provided by a practicing pharmacist. The information provided is believed to be accurate; however, Outcomes Pharmaceutical Health Care does not assume responsibility for any inaccuracies or misinterpretations.