



November, 2008

Dear Health Plan of Michigan Prescriber,

We appreciate all that you do in keeping our members healthy. Health Plan of Michigan's Cardiovascular Disease Management Program is designed to work in collaboration with physicians to assist our members in focusing on key cardiac risk factors. The focus of this notification is Cholesterol Management.

Current Cholesterol Management Guidelines for cardiovascular disease are:

- Total cholesterol should be less than 200 mg/dl
- HDL should be greater than 40 mg/dl for men and greater than 50 mg/dl for women
- Triglycerides should be less than 150 mg/dl
- LDL should be less than 100 mg/dl

While diet and exercise are the mainstays for improving overall health, medications are often prescribed to supplement these activities. Studies have shown (eg. Kaiser, et al) that 80% of patients can achieve these goals by using up to 80mg of simvastatin daily. Second line agents (Lipitor, Crestor and Vytorin) are available for use through step therapy if there is inadequate response to simvastatin (dispensing history must indicate that simvastatin has been ordered in the past 120 days). Please refer to the attached HMG-CoA Reductase Inhibitors recommendation chart in the event you consider modifying therapy. We hope that you find this a useful reference tool for prescribing LDL cholesterol lowering medications.

If you have any questions, please feel free to contact HPM's Disease Management Department at 1-888-437-0606, Extension 1251 or the Pharmacy Department at Extension 1630.

Sincerely,

Disease Management & Pharmacy Departments  
Health Plan of Michigan

## Treating Dyslipidemia

Cardiovascular disease is responsible for one out of every 3 deaths in the United States, and coronary heart disease (CHD) comprises more than half of all cardiovascular events, including myocardial infarction, angioplasty, coronary artery bypass surgery and stroke. It is extremely logical to focus on preventative treatments that will reduce these potentially debilitating events. Lowering cholesterol is one of the easiest ways to accomplish this.

Treatment of dyslipidemia, particularly elevated low-density lipoprotein cholesterol (LDL-C) is now considered a core strategy to prevent coronary heart disease (CHD). Along with diet and exercise, there are several effective and safe therapeutic options proven to reduce LDL-C.

As the highly effective HMG-CoA Reductase Inhibitor medication Zocor®, or simvastatin, has become available as a generic, healthcare professionals have been an exceptional tool available to treat low and high risk patients. The Health Plan of Michigan has prepared the following comparison chart that illustrates relative LDL cholesterol lowering potential of the most commonly used statin drugs relative to simvastatin. Please refer to this chart when prescribing treatment to lower LDL-C in your patient.

### HMG-CoA Reductase Inhibitors –Recommendation Chart\*

Currently Utilized HMG-CoA	Percent LDL Reduction	First Line Agent Equivalent Dose	First Line HMG-CoA LDL Reduction
<b>Generic Zocor</b>			
Atoprev 10mg	24%	Simvastatin 5mg	21-31%
Atoprev 20mg	30%	Simvastatin 10mg	27-36%
Atoprev 40mg	36%	Simvastatin 20mg	18-36%
Atoprev 60mg	40%	Simvastatin 40mg	23-43%
Lescol 20mg	9-19%	Simvastatin 5mg	21-31%
Lescol 40mg	19-33%	Simvastatin 5mg	21-31%
Lescol XL 80mg	22-36%	Simvastatin 20mg	18-38%
Lipitor 10mg	29-40%	Simvastatin 40mg	23-43%
Lipitor 20mg	33-46%	Simvastatin 80mg	43-49%
Lovastatin 10mg	22%	Simvastatin 5mg	21-31%
Lovastatin 20mg	17-29%	Simvastatin 10mg	27-36%
Lovastatin 40mg	28-32%	Simvastatin 20mg	18-38%
Lovastatin 80mg	25-48%	Simvastatin 40mg	23-43%
Pravachol 10mg	17-28%	Simvastatin 5mg	21-31%
Pravachol 20mg	22-32%	Simvastatin 10mg	27-36%
Pravachol 40mg	26-34%	Simvastatin 20mg	18-38%
Pravachol 80mg	38%	Simvastatin 20mg	18-38%
<b>Second Line Agent Equivalent Dose</b>			
		<b>2<sup>nd</sup> Line LDL Reduction</b>	
		Lipitor 40mg	27-51%
		Lipitor 80mg	43-54%
		Crestor 10mg	52%
		Crestor 20mg	55%
		Vytorin 10/10	45%
		Vytorin 10/20	52%
		Vytorin 10/40	55%
		Vytorin 10/80	60%

**Source:** Grundy SM, et.al *Circulation*. 2004 ;110:227-239. , ALLHAT *JAMA*. 2002.; ASCOT [Sever, *Lancet*. 2003]; PROSPER [Sheperd, *Lancet*.2002]; PROVE-IT [Cannon. *NEJM*. 2004]; Facts & Comparisons [Wolters Kluwer, 2007]