



Medication Utilization Evaluation of HMG-CoA Reductase Inhibitors in a Lipid Clinic

- Background** The pharmacist-run lipid clinic receives patients via referral from the Internal Medicine Clinic. Simvastatin is the only HMG-CoA reductase inhibitor (statin) on formulary. Atorvastatin and pravastatin are non-formulary but available by special request.
- Purpose** Trends in prescribing patterns of statins in a pharmacist-run lipid clinic are described and potential cost savings are estimated.
- Methods** 548 patients treated with a statin between January 1, 2002 and September 20, 2003 were analyzed. 157 patients treated with a non-formulary statin were identified for retrospective chart review. Acceptable reasons for prescribing a non-formulary statin included adverse reactions to simvastatin, not reaching LDL or triglycerides goals after an adequate trial of simvastatin, and potential drug interaction with simvastatin.
- Results** LDL goals were achieved by 74% of patients on a statin. LDL goals of 100, 130, and 160 were achieved in 65%, 80%, and 86% of patients respectively. Of 149 patients on non-formulary statins that were analyzed, 121 were given atorvastatin or pravastatin for acceptable reasons. However, 28 of 149 (19%) were taking them for unacceptable reasons and could still be candidates for simvastatin. The reasons included: never tried simvastatin (50%), no documented reason (18%), LDL above goal but simvastatin not at maximum dose (14%), and triglycerides above goal but simvastatin not at maximum dose (11%). If patients that were candidates for simvastatin were converted from their non-formulary statin to equipotent doses of simvastatin, nearly \$10,000 per year could be saved in the lipid clinic.
- Conclusion** The lipid clinic is following prescribing guidelines. Of 548 patients analyzed, 518 (95%) were on an appropriate statin. The primary reasons for not taking simvastatin were muscle pain or weakness and not achieving LDL goals on a maximum dose. There are 1,230 patients in the Family Practice and Internal Medicine Clinics at our facility who currently take atorvastatin or pravastatin. Assuming 19% of these patients are candidates for simvastatin, nearly \$80,000 per year could be saved if they were converted to equipotent dosages of simvastatin.



Presented at the American Pharmacists Association Annual Meeting in Seattle, Washington, March 28-29, 2004.

