

## Statin Dose Comparison

The chart below shows statin doses expected to provide similar LDL reduction. When choosing a statin dose, expected LDL reduction is not the only factor to consider. Dosage adjustment may be needed based on renal function, race, or drug interactions. Impaired renal or hepatic function are risk factors for adverse effects such as rhabdomyolysis.<sup>1</sup> Active liver disease or unexplained transaminase elevations are contraindications to all statins, per product labeling. For information on non-statins, see our chart, *Non-Statins Lipid-Lowering Agents*.

**Abbreviations:** NA = not applicable

Where U.S. labeling is referenced in this chart, Canadian labeling is also cited if it differs significantly from U.S. labeling.

a. Once daily, unless otherwise specified.

Statin	Daily Adult Dose <sup>a</sup> Providing Similar Average LDL-Lowering (based on reference 1 unless otherwise denoted)		
	Low-intensity (expected LDL reduction <30%)	Moderate-intensity (expected LDL reduction 30 to <50%)	High-intensity (expected LDL reduction 50% or higher)
Atorvastatin ( <i>Lipitor</i> , generics)	NA	10 to 20 mg Max dose 10 mg, with caution, in patients with a history of renal insufficiency, or CrCl <30 mL/min (Canada). <sup>2</sup>	40 to 80 mg Max dose 10 mg, with caution, in patients with a history of renal insufficiency, or CrCl <30 mL/min (Canada). <sup>2</sup>
Fluvastatin ( <i>Lescol</i> , <i>Lescol XL</i> , generics)	20 to 40 mg Canada: fluvastatin not recommended in patients with CrCl <30 mL/min. <sup>4</sup>	80 mg (XL), or 40 mg twice daily  Total daily doses >40 mg have not been studied in patients with severe renal impairment; use with caution (U.S.). <sup>3</sup> Canada: fluvastatin not recommended in patients with CrCl <30 mL/min. <sup>4</sup>	NA
Lovastatin ( <i>Mevacor</i> , generics)	20 mg  (10 mg dose also available.)	40 mg Max dose 40 mg twice daily. <sup>5</sup> Use doses >20 mg with caution if CrCl <30 mL/min. <sup>5</sup>	NA

More...

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	Low-intensity (expected LDL reduction <30%)	Moderate-intensity (expected LDL reduction 30 to <50%)	High-intensity (expected LDL reduction 50% or higher)
Pitavastatin ( <i>Livalo</i> )(U.S.)	1 mg	2 to 4 mg Use an initial dose of 1 mg in patients with GFR <60 mL/min/1.73 m <sup>2</sup> and in hemodialysis patients; max dose 2 mg. <sup>6</sup>	NA
Pravastatin ( <i>Pravachol</i> , generics)	10 to 20 mg Use an initial dose of 10 mg in patients with a history of significant renal or liver (Canada) impairment. <sup>7,12</sup>	40 to 80 mg Use an initial dose of 10 mg in patients with a history of significant renal or liver (Canada) impairment. <sup>7,12</sup>	NA
Rosuvastatin ( <i>Crestor</i> , generic)	NA	5 to 10 mg Consider starting with 5 mg in Asian patients (a recommendation per Canadian labeling). <sup>8,9</sup> The initial dose for patients with CrCl <30 mL/min/1.73 m <sup>2</sup> (U.S.: not on hemodialysis) is 5 mg (max 10 mg). <sup>8,9</sup> Rosuvastatin levels are about 50% higher in hemodialysis patients vs patients with CrCl >80 mL/min/1.73 m <sup>2</sup> . <sup>8</sup> When switching from another statin, labeling recommends using the appropriate rosuvastatin starting dose, then titrating to response. <sup>8</sup>	20 to 40 mg Consider starting with 5 mg in Asian patients (a recommendation per Canadian labeling). <sup>8,9</sup> Canadian labeling contraindicates the 40 mg dose in Asian patients (U.S.: keep in mind that Asian patients have increased rosuvastatin levels). <sup>8,9</sup> The initial dose for patients with CrCl <30 mL/min/1.73 m <sup>2</sup> (U.S.: not on hemodialysis) is 5 mg (max 10 mg). <sup>8,9</sup> Rosuvastatin levels are 50% higher in hemodialysis patients vs patients with CrCl >80 mL/min/1.73 m <sup>2</sup> . <sup>8</sup> Canadian labeling contraindicates the 40 mg dose in patients with CrCl <30 mL/min/1.73 m <sup>2</sup> . <sup>9</sup> When switching from another statin, labeling recommends using the appropriate rosuvastatin starting dose, then titrating to response. <sup>8</sup> Canadian labeling recommends a max starting dose of 20 mg if switching. <sup>9</sup> Max dose 20 mg with severe liver impairment (Canada). <sup>9</sup>

Statin	Daily Adult Dose <sup>a</sup> Providing Similar Average LDL-Lowering (based on reference 1 unless otherwise denoted)		
	Low-intensity (expected LDL reduction <30%)	Moderate-intensity (expected LDL reduction 30 to <50%)	High-intensity (expected LDL reduction 50% or higher)
Simvastatin (Zocor, generics)	10 mg Start with 5 mg in patients with severe renal insufficiency and monitor closely. <sup>10</sup>	20 to 40 mg Start with 5 mg in patients with severe renal insufficiency and monitor closely. <sup>10</sup>	80 mg <b>not recommended</b> <sup>1</sup> Initiation of, or escalation to, 80 mg may be harmful. <sup>1</sup> Consult product labeling regarding use of this dose. Start with 5 mg in patients with severe renal insufficiency and monitor closely. <sup>10</sup>
Simvastatin/ezetimibe (Vytorin)(U.S.)	NA	10 mg/10 mg <sup>11</sup>	20 mg/10 mg, 40 mg/10 mg, 80 mg/10 mg <b>not recommended</b> <sup>1</sup> Initiation of, or escalation to, 80 mg/10 mg may be harmful. <sup>1</sup> Consult product labeling regarding use of this dose. If CrCl <60 mL/min/1.73 m <sup>2</sup> , the starting dose is 20 mg/10 mg. Increase with caution. <sup>11</sup>

*Users of this resource are cautioned to use their own professional judgment and consult any other necessary or appropriate sources prior to making clinical judgments based on the content of this document. Our editors have researched the information with input from experts, government agencies, and national organizations. Information and internet links in this article were current as of the date of publication.*

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**References**

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