Supplementary figure A A systematic review and meta-analysis of the therapeutic equivalence of statins

ATOR = atorvastatin; FLUVA = fluvastatin; LOVA = lovastatin; PRAVA = pravastatin; SIMVA = simvastatin; ROSU = rosuvastatin; PITA = pitavastatin.

Supplementary Table A Percentage reduction of low-density lipoprotein-cholesterol (LDL-C) requested to achieve goals as a function of the starting value

<table>
<thead>
<tr>
<th>Starting LDL-C mmol/L</th>
<th>~mg/dL</th>
<th>&lt;1.8 mmol/L (~70 mg/dL)</th>
<th>&lt;2.6 mmol/L (~100 mg/dL)</th>
<th>&lt;3 mmol/L (~115 mg/dL)</th>
</tr>
</thead>
<tbody>
<tr>
<td>&gt;6.2</td>
<td>&gt;240</td>
<td>&gt;70</td>
<td>&gt;60</td>
<td>&gt;55</td>
</tr>
<tr>
<td>5.2–6.2</td>
<td>200–240</td>
<td>65–70</td>
<td>50–60</td>
<td>40–55</td>
</tr>
<tr>
<td>4.4–5.2</td>
<td>170–200</td>
<td>60–65</td>
<td>40–50</td>
<td>30–45</td>
</tr>
<tr>
<td>3.9–4.4</td>
<td>150–170</td>
<td>55–60</td>
<td>35–40</td>
<td>25–30</td>
</tr>
<tr>
<td>2.9–3.4</td>
<td>110–130</td>
<td>35–45</td>
<td>10–25</td>
<td>&lt;10</td>
</tr>
<tr>
<td>2.3–2.9</td>
<td>90–110</td>
<td>22–35</td>
<td>&lt;10</td>
<td>–</td>
</tr>
<tr>
<td>1.8–2.3</td>
<td>70–90</td>
<td>&lt;22</td>
<td>–</td>
<td>–</td>
</tr>
</tbody>
</table>
Unboosted atazanavir

Numbers refer to increased or decreased AUC of the lipid-lowering drug as observed in drug-drug interaction studies.

(From Liverpool HIV Pharmacology Group, University of Liverpool)
Supplementary Figure C Algorithm for treatment of muscular symptoms during statin treatment.211

Consider if statin-attributed muscle symptoms favour statin continuation / reinitiation

Symptomatic & CK <4 X ULN

2–4 weeks washout of statin

Symptoms persist: statin re-challenge

Symptom-free: continue statin

Symptoms improve: second statin at usual or starting dose

Symptoms re-occur

1) Low-dose third efficacious (potent)* statin;
2) Efficacious* statin with alternate day or once/twice weekly dosing regimen

6 weeks washout of statin until normalisation of CK: creatinine and symptoms

1) Low-dose second efficacious* statin;
2) Efficacious* statin with alternate day or once/twice weekly dosing regimen

Aim: achieve LDL-C goal* with maximally tolerated dose of statin

Ezetimibe

A + bile acid absorption inhibitor

B + fibrate (not gemfibrozil)

A + B

If still not at goal: consider additional (future) novel therapies: PCSK9 monoclonal antibody therapy, CETP inhibitor

CETP = cholesteryl ester transfer protein; CK = creatine kinase; LDL-C= low-density lipoprotein cholesterol; PCKS9 = protein onvertase subtilisin/kexin type 9; ULN = upper limit of the normal range.

*Efficacious statin such as atorvastatin or rosuvastatin.