





Table 5. High-, Moderate-, and Low-Intensity Statin Therapy (Used in the RCTs reviewed by the expert Panel)¹

High Intensity	Moderate Intensity	Low Intensity
Daily dosage lowers LDL-C by approximately $> 50\%$ on average Atorvastatin (Lipitor), 40 to 80 mg Rosuvastatin (Crestor), 20 (40) mg	Daily dosage lowers LDL-C by approximately 30% to 50% on average Atorvastatin (Lipitor), 10(20) mg Rosuvastatin (5)10 mg Simvastatin (Zocor), 20 to 40 mg Pravastatin (Pravachol), 40 (80) mg Lovastatin (Mevacor), 40 mg Fluvastatin XL (Lescol XL), 80 mg Fluvastatin, 40 mg twice daily Pitavastatin (Livalo), 2 to 4 mg	Daily dosage lowers LDL-C by $< 30\%$ on average Simvastatin 10mg Pravastatin, 10-20 mg Lovastatin, 20 mg Fluvastatin 20 to 40 mg Fluvastatin 1 mg

Statin use for Primary Prevention USPSTF Recommendation Statement²	Population	Adults aged 40-75 y with no history of CVD ≥ 1 CVD risk factors, and calculated 10-y CVD events risk $\geq 10\%$	Adults aged 40-75 y with no history of CVD $>$ risk factors, and calculated 10-y CVD event risk of 7.5% - 10%	Adults 76 y and older with no history of CVD
	Recommendation	Initiate use of low- to moderate-dose statins. Grade: B	Discuss with patient and selectively offer use of low- to moderate-dose statins. Grade: C	No recommendation Grade: 1 (insufficient evidence)

1. AAFP Practice Guidelines .ACC/AHA Release Updated Guidelines on the Treatment of Blood Cholesterol to reduce ASCVD Risk.
 2. The full recommendation for Statin use of Primary Prevention can be found at www.uspreventiveservicestaskforce.org JAMA. US Preventative Services Task Force Recommendation. Nov. 15, 2016 Vol 316: 19.
 3. Circulation 2014. 129 (25 Supplement 2). http://circ.ahajournals.org/content/129/25_suppl_2/S1