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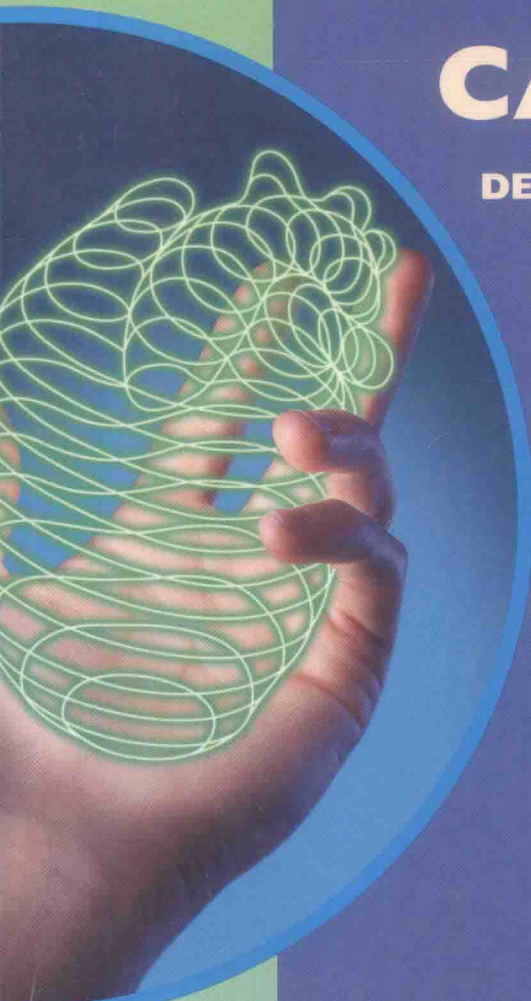
DECEMBER 2000 — NOVEMBER 2001

AN INTERNET RESOURCE GUIDE

CONSULTING EDITOR

Stephen C. Achuff, M.D.

*David J. Carver Professor of Medicine,
Division of Cardiovascular Medicine,
Johns Hopkins University
School of Medicine*



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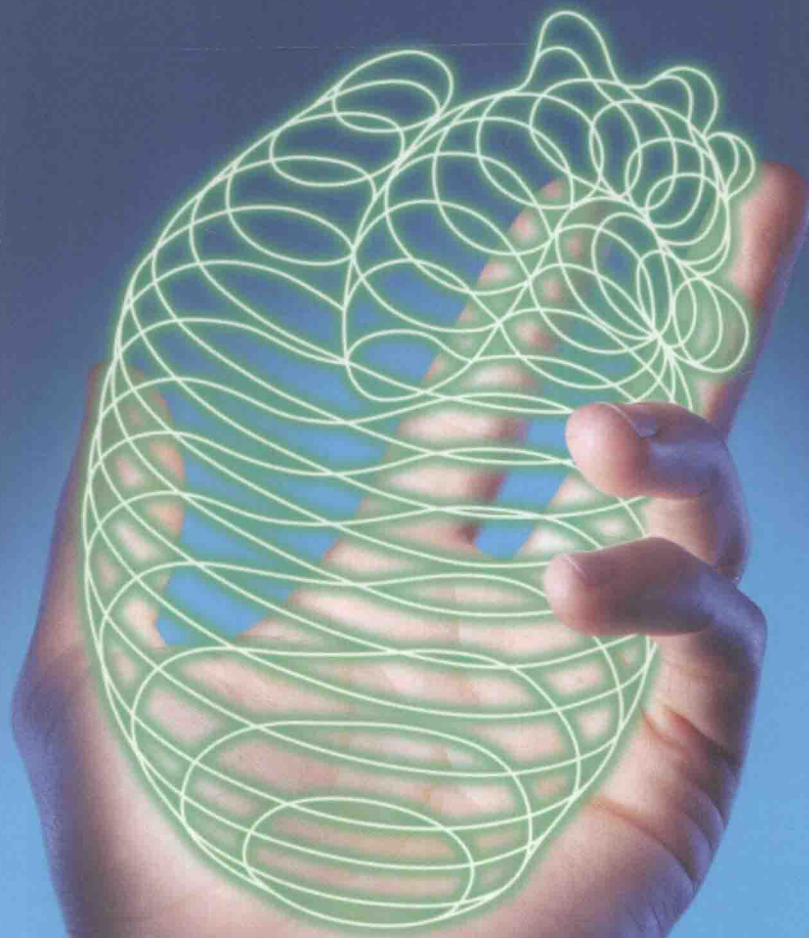
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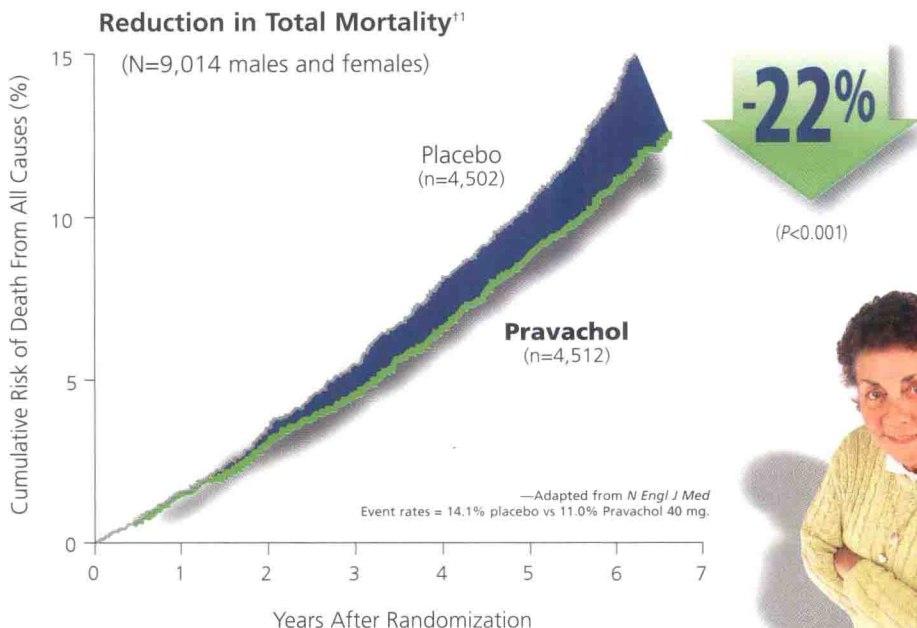
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Pravachol 40 mg—Now for a **longer, healthier life**

Based on findings in the landmark LIPID study, Pravachol is proven to reduce total mortality by 22%*¹



*** By reducing death due to CHD.²**

[†] Prior MI or unstable angina; total cholesterol = 155-271 mg/dL; median baseline LDL-C = 150 mg/dL.¹

Pravachol is the only statin proven to help prevent both first and recurrent heart attack.²

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Proven to **effectively improve** the **lipid profile** of your patients at risk of MI¹

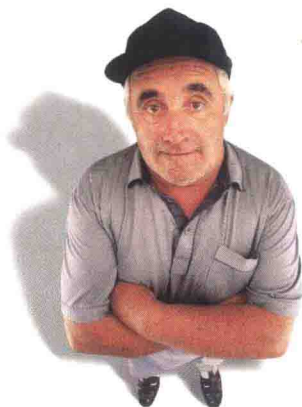
LDL-C



Triglycerides



HDL-C



* Mean lipid changes with Pravachol 40 mg.

† The independent effect of raising HDL-C on the risk of coronary and cardiovascular morbidity and mortality has not been determined.

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Pravachol—Offers reduced potential for CYP450 3A4 drug interactions¹

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- ▶ Antibiotics
- ▶ Antifungals
- ▶ Cardiovascular agents
- ▶ CNS agents

Unlike most other statins, **Pravachol** is not metabolized by CYP450 3A4 to a clinically significant extent¹

Statins	Clinically significant CYP450 isoenzyme metabolism
PRAVACHOL	NONE
atorvastatin	3A4
simvastatin	3A4
cerivastatin.....	3A4/2C8
lovastatin	3A4
fluvastatin.....	2C9

* This analysis is based on a review of 2,271 patients who received pravastatin, simvastatin, or lovastatin in concomitant use with selected CYP450 3A4 agents.²

The risk of myopathy during treatment with another HMG-CoA reductase inhibitor is increased with concurrent therapy with erythromycin, cyclosporine, niacin, or fibrates.

The combined use of pravastatin and fibrates should be avoided unless the benefit of further alterations in lipid levels is likely to outweigh the increased risk of this drug combination.

References: 1. Pravachol product labeling, Bristol-Myers Squibb Company.
2. Botorff MB, Yenkovsky JP, Cave DG. Use of diagnostic cluster methodology for therapeutic costing and drug surveillance of HMG-CoA reductase inhibitor therapy. *Clin Ther.* 1999;21:218-235.

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PRAVACHOL[®]
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IMPORTANT INFORMATION ABOUT PRAVACHOL® (pravastatin sodium)

In addition to diet, when diet and other nonpharmacologic measures have been inadequate:

In patients with primary hypercholesterolemia and mixed dyslipidemia (Fredrickson Type IIa and IIb), Pravachol is indicated to reduce elevated total cholesterol, LDL-C, Apo B, and triglycerides.

Pravachol is indicated for the treatment of patients with elevated serum triglyceride levels (Fredrickson Type IV) and patients with primary dysbetalipoproteinemia (Fredrickson Type III).

In hypercholesterolemic patients without clinically evident coronary heart disease, Pravachol is indicated to reduce the risk of myocardial infarction; reduce the risk of undergoing myocardial revascularization procedures; reduce the risk of cardiovascular mortality with no increase in death from noncardiovascular causes.

In patients with clinically evident coronary heart disease, Pravachol is indicated to reduce the risk of total mortality by reducing coronary death, myocardial infarction, undergoing myocardial revascularization procedures, stroke and stroke/transient ischemic attack (TIA), and slow progression of coronary atherosclerosis.

Pravachol is contraindicated for patients who are pregnant or nursing and in the presence of active liver disease or unexplained persistent transaminase elevations.

Myopathy should be considered in any patient with diffuse myalgias, muscle tenderness or weakness, and/or marked elevation of CPK. Patients should be advised to report promptly unexplained muscle pain, tenderness or weakness, particularly if accompanied by malaise or fever. Discontinue pravastatin if myopathy is diagnosed or suspected.

It is recommended that liver function tests be performed prior to and at 12 weeks following initiation of therapy or an elevation in dose. If a patient develops increased transaminase levels, or signs and symptoms of liver disease, more frequent monitoring may be required.

Pravachol is well tolerated. The most common adverse events are rash, fatigue, headache, and dizziness.

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