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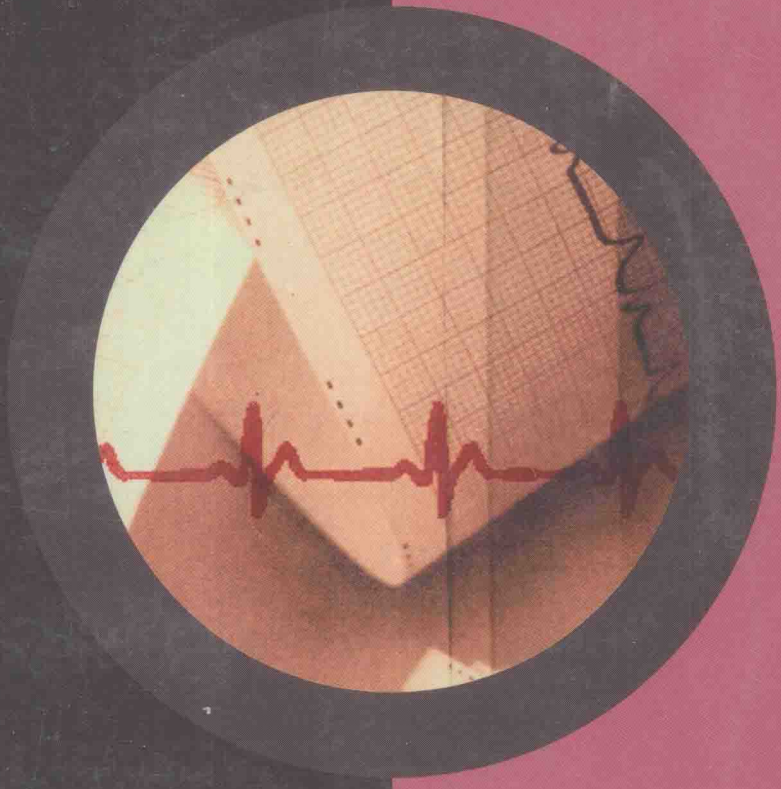

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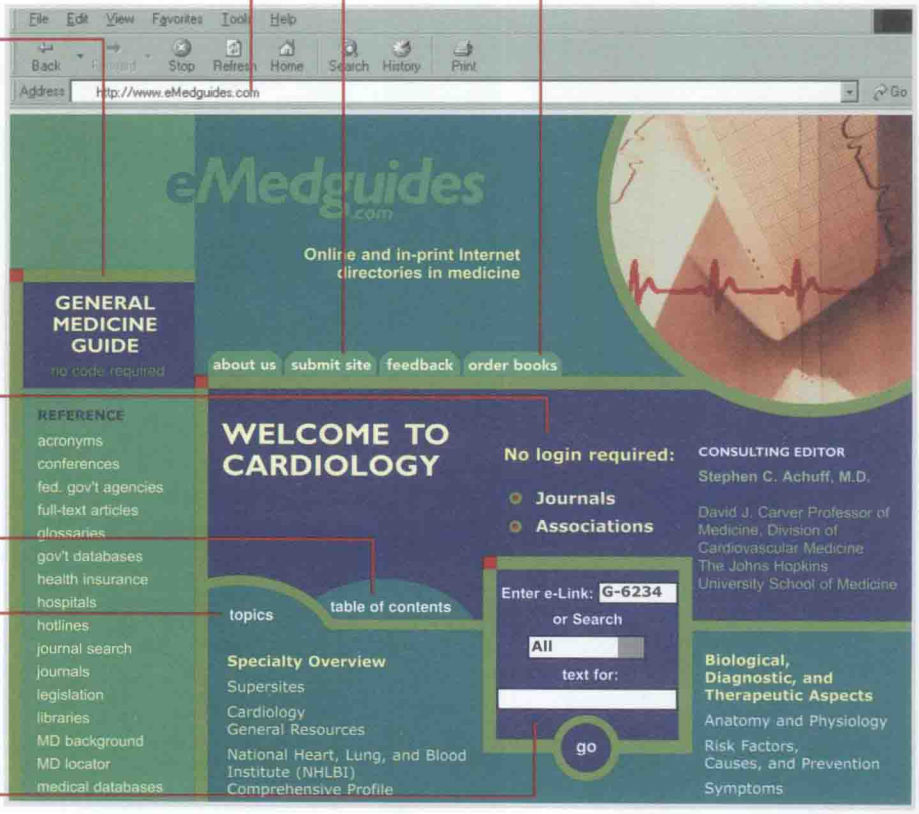

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2+ risk factors

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Diabetes — now a CHD risk equivalent

LDL-C ≥100 mg/dL

>20% ten-year risk for major CHD events

* NCEP = National Cholesterol Education Program

† Executive Summary of the Third Report of the National Cholesterol Education Program (NCEP) Expert Panel on Detection, Evaluation, and Treatment of High Blood Cholesterol in Adults (Adults Treatment Panel III). *JAMA*. 2001L285:2486-2497.

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- PRAVACHOL is the only statin proven to reduce the risk of both first and recurrent MI, as well as stroke[1-4]
- Reduce the risk of total mortality by reducing coronary death[1,4]

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- It is recommended that liver function tests be performed prior to initiating therapy, prior to increasing the dose, and when otherwise clinically indicated
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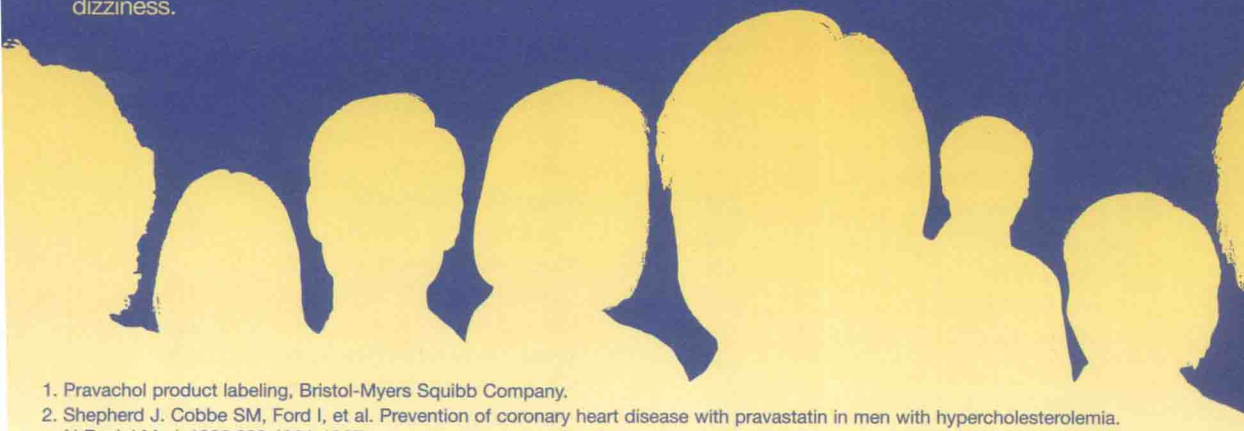
- Reduced potential for CYP450 3A4 drug interactions

Important Safety Information:

- 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 creatine phosphokinase (CPK). Patients should be advised to report promptly unexplained muscle pain, tenderness, or weakness, particularly if accompanied by malaise or fever. The risk of myopathy during treatment with another HMG-CoA reductase inhibitor is increased with concurrent therapy with erythromycin, cyclosporin, niacin or fibrates. The combined use of Pravachol 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.
- Pravachol is well tolerated. The most common adverse events are rash, fatigue, headache, and dizziness.



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2. Shepherd J. Cobbe SM, Ford I, et al. Prevention of coronary heart disease with pravastatin in men with hypercholesterolemia. *N Engl J Med*. 1995;333:1301-1307.
3. Sacks FM, Pfeffer MA, Moye LA, et al. The effect of pravastatin on coronary events after myocardial infarction in patients with average cholesterol levels. *N Engl J Med*. 1996;335:1001-1007.
4. The Long-Term intervention with Pravastatin in Ischaemic Disease (LIPID) Study Group. Prevention of cardiovascular events and death with pravastatin in patients with coronary heart disease and a broad range of initial cholesterol levels. *N Eng J Med*. 1998;339:1349-1357

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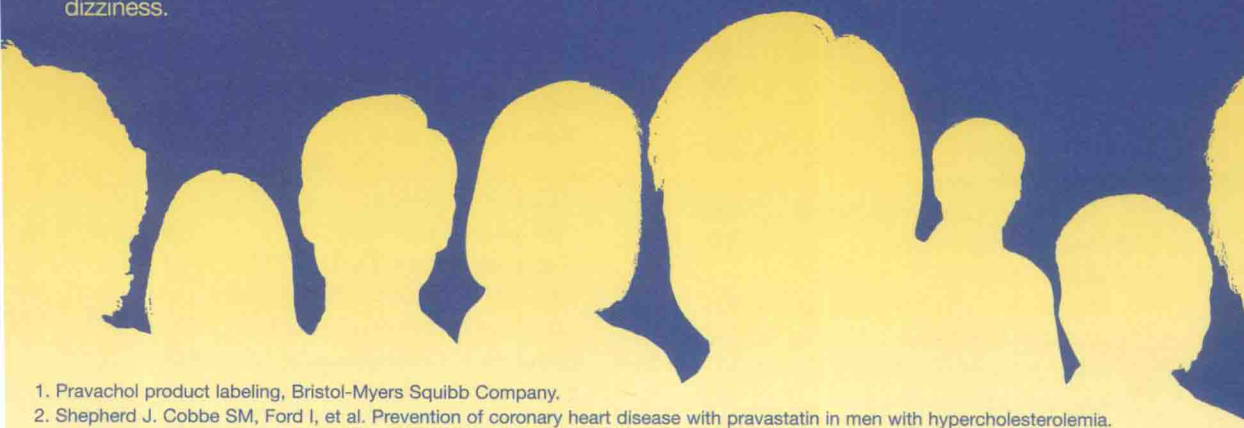

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