Safety update with high dose Rosuvastatin

Hospital Authority (HA), Hong Kong 23 October 2023

Background

LETTER TO THE EDITOR

Cluster of cases of high-dose rosuvastatin associated rhabdomyolysis and recent reduction of rosuvastatin dose for Asians in other countries

Hong Kong Med J 2023;29:Epub https://doi.org/10.12809/hkmj2310943

From July 2022 to April 2023, 6 cases of severe rhabdomyolysis in Chinese patients on high dose rosuvastatin (≥40 mg daily) were reported

Hong Kong Med J 2023;29:Epub https://doi.org/10.12809/hkmj2310943

published on 28 Sep 2023 at www.hkmj.org

Reported incidence rate of statin-associated rhabdomyolysis:
 0.44 per 10,000 person-years
 Graham DJ, Staffa JA, Shatin D, et al. Incidence of hospitalized rhabdomyolysis in patients treated with lipid-lowering drugs. JAMA 2004;

Being prescribed the same dose, Chinese had a plasma rosuvastatin level 2.3 times of White ethnic group

Lee E, Ryan S, Birmingham B, et al. Rosuvastatin pharmacokinetics and pharmacogenetics in white and Asian subjects residing in the same environment. Clin Pharmacol Ther 2005

- Product inserts of Crestor (rosuvastatin calcium) were revised in 2022 in the United Kingdom, Australia and Canada
 - Asian ethnicity was a contraindication for prescription of 40 mg per day

Background

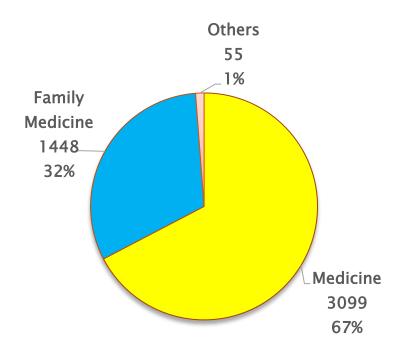
 In March 2023, HA received notification from the supplier of Rosuvastatin for update of product information

CONTRAINDICATIONS

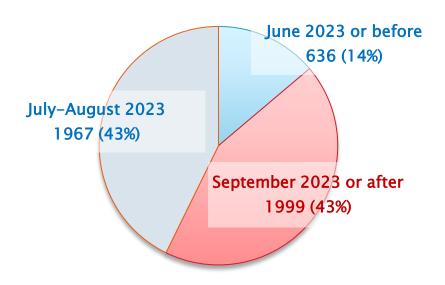
- The 40 mg dose is contraindicated in patients with pre-disposing factors for myopathy rhabdomyolysis. Such factors include:
- Asian patients
- moderate renal impairment (creatinine clearance <60ml/min)
- hypothyroidism
- personal or family history of hereditary muscular disorders
- previous history of muscular toxicity with another HMG-CoA reductase inhibitor or fibrate
- alcohol abuse
- situations where an increase in plasma levels may occur
- concomitant use of fibrates.

Situation of high dose Rosuvastatin in HA

- 100,316 out-patient headcount with dispensing record of Rosuvastatin in HA between July 2022 and June 2023
 - 4,602 (4.6%) with daily dose ≥40 mg in latest record



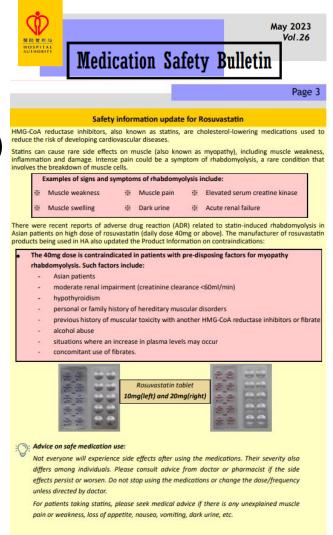
Prescribing specialty



End date of last dispensing record

Consultation and recommendation

- Consulted expert advice from cardiologists and endocrinologists
- Deliberated in HA Medication Safety Committee (MSC) and Drug Management Committee (DMC)
- Public article in Medication Safety Bulletin issued in May 2023 on safety information update for Rosuvastatin
- A meeting was convened in June 2023 by MSC
 Chairperson involving clinical experts and HA
 Head Office representatives to formulate safety measures



Management of Patients on high dose Rosuvastatin

Safety measures implemented in July 2023:

(1) The patient clinical management guideline has been updated

Recommended Patient Clinical Management

Patients receiving rosuvastatin 40mg or above daily:

- For those patient NOT receiving ezetmibe, it is suggested to reduce rosuvastatin dose to 20mg daily and add ezetimibe 10mg daily.
- 2. For those patients who are already receiving ezetimibe
 - If the patient has no documented contraindication / not ever received atorvastatin 80mg daily, it is suggested to switch rosuvastatin to atorvastatin 80mg daily.

(Please remind patient that there may be risk with high dose atorvastatin but the risk is not well described as high dose rosuvastatin in Asian patients)

 If the patient has contraindication to atorvastatin 80mg daily or documented failure to achieve LDL goal with atorvastatin 80mg, it is suggested to switch rosuvastatin to PCSK9 inhibitors (Alirocumab or Evolocumab) or Inclisiran if clinically indicated.

*Always check and reinforce dietary and drug compliance

*Recheck lipid profile after dosage adjustment, reassess the risk and whether LDL goal can be achieved

Note: PCSK9 inhibitors (Alirocumab or Evolocumab) or Inclisiran should be provided to patients if there is no suitable alternative treatment. Impact on the drug budget utilisation from this exercise would be monitored and followed up at HAHO level.

Management of Patients on high dose Rosuvastatin

Safety measures implemented in July 2023:

- (2) Patient list on high dose rosuvastatin was distributed to corresponding hospitals and clinics for necessary follow-up
 - Patients on rosuvastatin daily dose > 40 mg: Contact for earlier appointment

Patients on rosuvastatin daily dose = 40 mg: Review based on end date of on-hand drug
 Review in next June 2023 or before



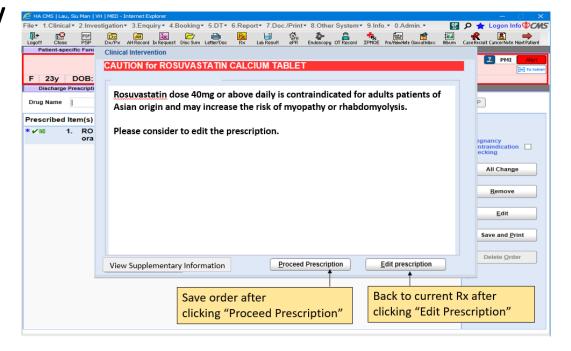
Management of Patients on high dose Rosuvastatin

Safety measures implemented in July 2023:

 (3) Pharmacy to clarify with the prescriber when high dose rosuvastatin (daily dose 40mg or above) is prescribed

(4) Explore electronic system enhancement on dose-specific checking in

drug order entry



Post-implementation monitoring

Out-patient headcount with daily dose of Rosuvastatin ≥40 mg

| Month | Patient Count | |
|----------------|-----------------|------------------------|
| | On Rosuvastatin | With daily dose ≥40 mg |
| February 2023 | 21,414 | 1,187 (5.5%) |
| March 2023 | 27,745 | 1,428 (5.2%) |
| August 2023 | 26,982 | 59 (0.22%) |
| September 2023 | 26,630 | 36 (0.14%) |
| | | |

HA will continue monitoring the use of Rosuvastatin in Hong Kong

Thank