



Two routes to PBS-subsidised statin therapy — a qualifying clinical condition (any lipid level) or lipid levels above a threshold after a dietary trial. Ezetimibe is the usual escalation (Authority Streamlined) for statin failure or intolerance. Exact lipid-level cut-offs and the statin-intolerance definition are detailed — confirm current wording at pbs.gov.au.

ELIGIBILITY — KEY PATHWAYS

- ✔ **Established CVD / atherosclerosis** Secondary prevention — IHD, stroke/TIA, PAD — qualifies at any lipid level.
- ✔ **High-risk clinical groups** Diabetes with age over 60 or microalbuminuria, confirmed FH, strong family history of premature CVD, or ATSI — lower thresholds apply.
- ✔ **Lipid-level pathway** No qualifying condition: 6-week dietary trial first, then fasting lipids above a PBS threshold that varies with HDL/BP/diabetes — confirm exact cut-off at pbs.gov.au.
- ✔ **Ezetimibe escalation** Statin failure or intolerance, FH, or high (>15% 5-year) CV risk. Authority required (Streamlined).

WHICH STATIN

Statin	Potency	Practical notes
Atorvastatin	High	Commonly first-line; established secondary-prevention/post-ACS evidence
Rosuvastatin	High	Among the most potent per mg; option if atorvastatin under-target
Simvastatin / pravastatin	Moderate	Simvastatin: more CYP3A4 interactions. Pravastatin: water-soluble, fewer interactions — consider in renal impairment

VERIFY AT PBS

Pathway-B lipid-level thresholds and the PBS statin-intolerance definition (CK and transaminase multiples) are detailed and not reproduced here — confirm exact figures at pbs.gov.au. LDL treatment targets are clinical guideline figures, not PBS criteria.

■ SAFETY

- Baseline LFTs & consider CK before starting; routine CK monitoring not required unless myalgia develops
- Muscle symptoms are common and don't always need cessation — assess severity/CK before stopping
- All statins contraindicated in pregnancy/breastfeeding

◆ CHECK / EXCLUDE

- Confirm exact PBS lipid thresholds & statin-intolerance definition at pbs.gov.au — not reproduced here
- Active liver disease or unexplained persistent transaminase rise
- FDCs (Atozet, Rosuzet) generally need components trialled first
- PCSK9 inhibitors have their own pathway — see CV-03