

**Table 9D. Drugs Affecting Lipoprotein Metabolism**

Drug Class, Agents and Daily Doses	Lipid/Lipoprotein Effects	Side Effects	Contraindications	Clinical Trial Results
HMG CoA reductase inhibitors (statins)*	LDL ↓ 18–55% HDL ↑ 5–15% TG ↓ 7–30%	Myopathy Increased liver enzymes	Absolute: • Active or chronic liver disease Relative: • Concomitant use of certain drugs <sup>†</sup>	Reduced major coronary events, CHD deaths, need for coronary procedures, stroke, and total mortality
Bile acid sequestrants <sup>‡</sup>	LDL ↓ 15–30% HDL ↑ 3–5% TG No change or increase	Gastrointestinal distress Constipation Decreased absorption of other drugs	Absolute: • Dysbeta-lipoproteinemia • TG >400 mg/dL Relative: • TG >200 mg/dL	Reduced major coronary events and CHD deaths
Nicotinic acid <sup>§</sup>	LDL ↓ 5–25% HDL ↑ 15–35% TG ↓ 20–50%	Flushing Hyperglycemia Hyperuricemia (or gout) Upper GI distress Hepatotoxicity	Absolute: • Chronic liver disease • Severe gout Relative: • Diabetes • Hyperuricemia • Peptic ulcer disease	Reduced major coronary events and possibly total mortality
Fibric acids <sup>  </sup>	LDL ↓ 5–20% <i>(may be increased in patients with high TG)</i> HDL ↑ 10–20% TG ↓ 20–50%	Dyspepsia Gallstones Myopathy	Absolute: • Severe renal disease • Severe hepatic disease	Reduced major coronary events
Intestinal cholesterol inhibitor <sup>¶</sup>	LDL ↓ 18% TG ↓ 8% Apo B ↓ 16%	Well tolerated with few adverse reactions similar to placebo in clinical trials	Absolute: • Active or chronic liver disease • Do not use in combination with resins, fibrates, or cyclosporin	No long-term clinical trial data
Omega-3-acid ethyl esters <sup>#</sup>	LDL ↑ 44.5% <i>(Patients should be monitored to ensure LDL levels do not increase excessively)</i> HDL ↑ 9.1% TG ↓ 44.9%	Eructation Infection Flu symptoms Dyspepsia Rash Change in sense of taste	Absolute: • Hypersensitivity to any component of this medication	Decreased triglyceride concentrations in patients with severe hypertriglyceridemia

\* Lovastatin (20–80 mg), pravastatin (20–40 mg), simvastatin (20–80 mg), fluvastatin (20–80 mg), atorvastatin (10–80 mg), rosuvastatin (10–40 mg).

<sup>†</sup> Cyclosporine, macrolide antibiotics, various antifungal agents and cytochrome P-450 inhibitors (fibrates and niacin should be used with appropriate caution).

<sup>‡</sup> Cholestyramine (4–16 g), colestipol (5–20 g), colesevelam (2.6–3.8 g).

<sup>§</sup> Immediate-release (crystalline) nicotinic acid (1.5–3 g), extended-release nicotinic acid (Niaspan<sup>®</sup>) (1–2 g), sustained-release nicotinic acid (1–2 g).

<sup>||</sup> Gemfibrozil (600 mg BID), fenofibrate (54 mg + 160 mg), clofibrate (1000 mg BID).

<sup>¶</sup> Ezetimibe (10 mg).

#Omega-3-acid ethyl esters (4 g/d).

Third Report of the Expert Panel on Detection, Evaluation, and Treatment of High Blood Cholesterol in Adults (Adult Treatment Panel III).  
Bethesda, Md: National Institutes of Health, National Heart, Lung, and Blood Institute; 2001. NIH Publication 01-3095.

US Food and Drug Information, Omacor<sup>®</sup> Consumer Drug Information Sheet.  
Omacor<sup>®</sup> prescription information.