Learn what your cholesterol levels actually mean, and how you may save money on your prescription each month with the LIPITOR Savings Program.

IMPORTANT SAFETY INFORMATION

LIPITOR® (atorvastatin calcium) tablets are not for everyone, including anyone who has previously had an allergic reaction to LIPITOR. It is not for those with liver problems. And it is not for women who are nursing, pregnant, or may become pregnant. If you get pregnant, stop taking LIPITOR and call your doctor right away.

Please see additional Important Safety Information continued on the following pages and the full Prescribing and Patient Information for LIPITOR attached.
Understanding Cholesterol

Cholesterol is a waxy, fat-like substance produced by your body and found in your bloodstream. Your body makes all the cholesterol it needs, but it can also be found in the foods you eat. Foods high in saturated fats, trans fats, and cholesterol may raise your blood cholesterol level. Having too much cholesterol in your blood may lead to an increased risk for heart disease and stroke in certain people.

There are 2 main types of cholesterol:

**High-density lipoprotein cholesterol (HDL-C):** known as the “good” cholesterol, HDL-C carries cholesterol from other parts of the body to the liver for removal. Unlike other cholesterol levels, the higher your HDL cholesterol, the better.

**Low-density lipoprotein cholesterol (LDL-C):** known as the “bad” cholesterol, LDL-C in high levels can deposit in the walls of the arteries, which are blood vessels that carry blood from your heart to your body.

### INDICATIONS

LIPITOR® (atorvastatin calcium) is a prescription medicine that lowers cholesterol in the blood. It lowers the LDL-C (“bad” cholesterol) and triglycerides in your blood. It can raise your HDL-C (“good” cholesterol) as well. LIPITOR is for adults and children over 10 whose cholesterol does not come down enough with exercise and a low-fat diet alone.

LIPITOR can lower the risk for heart attack, stroke, certain types of heart surgery, and chest pain in patients who have heart disease or risk factors for heart disease such as age, smoking, high blood pressure, low HDL-C, or heart disease in the family. LIPITOR can lower the risk for heart attack or stroke in patients with diabetes and risk factors such as eye problems, kidney problems, smoking, or high blood pressure.

**Limitations of Use:** LIPITOR has not been studied in people who have an increase of chylomicrons (Fredrickson Types I and V).

**IMPORTANT SAFETY INFORMATION (continued)**

If you take LIPITOR® (atorvastatin calcium) tablets, tell your doctor if you feel any new muscle pain or weakness. This could be a sign of rare but serious muscle problems that can lead to kidney problems, including kidney failure.

*Please see additional Important Safety Information continued on the following pages and the full Prescribing and Patient Information for LIPITOR attached.*

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<table>
<thead>
<tr>
<th>Date</th>
<th>Total cholesterol</th>
<th>LDL-C</th>
<th>HDL-C</th>
<th>Triglycerides</th>
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</thead>
<tbody>
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</tbody>
</table>
Understanding Your Numbers*

Knowing what your cholesterol levels mean may help play a role in keeping your heart healthy. Your test results will show your cholesterol levels in milligrams per deciliter of blood (mg/dL). Your doctor will assess these numbers along with other risk factors such as age, family history, smoking, and high blood pressure, as well as your clinical history.

### Total cholesterol levels

<table>
<thead>
<tr>
<th>Level</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>&lt;200 mg/dL</td>
<td>Desirable</td>
</tr>
<tr>
<td>200 to 239 mg/dL</td>
<td>Borderline high</td>
</tr>
<tr>
<td>≥240 mg/dL</td>
<td>High</td>
</tr>
</tbody>
</table>

### LDL-C levels

<table>
<thead>
<tr>
<th>Level</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>&lt;100 mg/dL</td>
<td>Optimal</td>
</tr>
<tr>
<td>100 to 129 mg/dL</td>
<td>Near or above optimal</td>
</tr>
<tr>
<td>130 to 159 mg/dL</td>
<td>Borderline high</td>
</tr>
<tr>
<td>160 to 189 mg/dL</td>
<td>High</td>
</tr>
<tr>
<td>≥190 mg/dL</td>
<td>Very high</td>
</tr>
</tbody>
</table>

### HDL-C levels

<table>
<thead>
<tr>
<th>Level</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>&lt;40 mg/dL</td>
<td>Low</td>
</tr>
<tr>
<td>≥60 mg/dL</td>
<td>High</td>
</tr>
</tbody>
</table>

### Triglycerides levels

<table>
<thead>
<tr>
<th>Level</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>&lt;150 mg/dL</td>
<td>Normal</td>
</tr>
<tr>
<td>150 to 199 mg/dL</td>
<td>Borderline high</td>
</tr>
<tr>
<td>200 to 499 mg/dL</td>
<td>High</td>
</tr>
<tr>
<td>≥500 mg/dL</td>
<td>Very high</td>
</tr>
</tbody>
</table>

**IMPORTANT SAFETY INFORMATION**

Tell your doctor about all your medical conditions and all medications you take. This may help avoid serious drug interactions. Your doctor should do blood tests to check your liver function before starting LIPITOR and during your treatment if you have symptoms of liver problems. Call your doctor right away if you have the following symptoms of liver problems - feel tired or weak or have a loss of appetite, upper belly pain, dark amber colored urine or yellowing of your skin or the whites of your eyes.

Tell your doctor if you have diabetes. Elevated blood sugar levels have been reported with statins, including LIPITOR.

Common side effects are diarrhea, upset stomach, muscle and joint pain, and changes in some blood tests.

Talk to your healthcare provider if you have side effects that bother you or that will not go away.

*Please see additional Important Safety Information continued on the following pages and the full Prescribing and Patient Information for LIPITOR attached.*

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* Lipoprotein levels determined after a 9- to 12-hour fast.
† Levels according to the National Cholesterol Education Program: ATP III Guidelines At-A-Glance Quick Desk Reference.
How Does LIPITOR Work?
Lowers LDL-C and can raise HDL-C
LIPITOR® (atorvastatin calcium) blocks the enzyme that produces LDL-C so that less is made. As a result, the liver picks up more cholesterol from the bloodstream, and lower levels of cholesterol end up in the blood.

How Does LIPITOR Affect Cholesterol Levels for Those Diagnosed With High Cholesterol?
Along with a low-fat diet, LIPITOR has been shown to lower:

- **Total cholesterol**: 29% to 45%
- **LDL-C**: 39% to 60%
- **Triglycerides**: 19% to 37%

LIPITOR may start working within 2 weeks.
*Average effect depending on dose.

IMPORTANT SAFETY INFORMATION (continued)
LIPITOR® (atorvastatin calcium) tablets are not for everyone, including anyone who has previously had an allergic reaction to LIPITOR. It is not for those with liver problems. And it is not for women who are nursing, pregnant, or may become pregnant. If you get pregnant, stop taking LIPITOR and call your doctor right away.

Please see additional Important Safety Information continued on the following pages and the full Prescribing and Patient Information for LIPITOR attached.
If Eligible, Start Saving on LIPITOR Today

With the LIPITOR Savings Card, you may pay as little as $4 a month with a maximum yearly savings of $1,800, depending on insurance.*†

Ask your doctor or visit www.LIPITORCardRequest.com for more information about this savings offer.

*Terms and Conditions apply.
† You may pay less by receiving the generic.

IMPORTANT SAFETY INFORMATION (continued)

If you take LIPITOR® (atorvastatin calcium) tablets, tell your doctor if you feel any new muscle pain or weakness. This could be a sign of rare but serious muscle problems that can lead to kidney problems, including kidney failure.

Tell your doctor about all your medical conditions and all medications you take. This may help avoid serious drug interactions. Your doctor should do blood tests to check your liver function before starting LIPITOR and during your treatment if you have symptoms of liver problems. Call your doctor right away if you have the following symptoms of liver problems - feel tired or weak or have a loss of appetite, upper belly pain, dark amber colored urine or yellowing of your skin or the whites of your eyes.

Please see full Important Safety Information on the next page and the full Prescribing and Patient Information for LIPITOR attached.

*LIPITOR SAVINGS CARD TERMS AND CONDITIONS

By participating in the LIPITOR Savings Offer Program, you acknowledge that you currently meet the eligibility criteria and will comply with the Terms and Conditions described below:

• This Savings Offer is not valid for prescriptions that are eligible to be reimbursed, in whole or in part, by Medicaid, Medicare, Tricare, or other federal or state healthcare programs (including any state prescription drug assistance programs) and the Government Health Insurance Plan available in Puerto Rico (formerly known as “La Reforma de Salud”)

• You must deduct the savings received under this program from any reimbursement request submitted to your insurance plan, either directly by you or on your behalf

• Eligible patients will pay a minimum of $4 per prescription fill. By using the Savings Offer, eligible patients will receive a savings of up to $150 per fill off their co-pay or out-of-pocket costs. The Savings Offer is good for a maximum savings of $1,800 per year ($150 per month x 12 months). The Savings Offer limits your prescription cost to $4, subject to a maximum $150 monthly benefit. Thus, if your co-pay or out-of-pocket cost is more than $150, you will save $150 off of your co-pay or total out-of-pocket costs. [Example: If your co-pay or out-of-pocket costs are $175, you will pay $25 ($175 – $150 = $25)]. If your co-pay or out-of-pocket costs are no more than $150, you pay $4. For a mail-order 3-month prescription, your total maximum savings will be $450 ($150 x 3)

• This Savings Offer is not valid when the entire cost of your prescription drug is eligible to be reimbursed by your private insurance plans or other health or pharmacy benefit programs

• The Savings Offer is not valid for Massachusetts residents whose prescriptions are covered, in whole or in part, by third-party insurance

• This Savings Offer is not valid where prohibited by law

• The Savings Offer cannot be combined with any other rebate/coupon, free trial, or similar offer for the specified prescription

• A coupon may not be redeemed more than once per month per patient

• The Savings Offer will be accepted only at participating pharmacies

• The Savings Offer is not health insurance

• This Savings Offer is good only in the U.S. and Puerto Rico

• The Savings Offer is limited to 1 per person during this offering period and is not transferable

• Pfizer reserves the right to rescind, revoke, or amend the program without notice

• No membership fees. The Savings Offer and Program expire on 12/31/2020
IMPORTANT SAFETY INFORMATION

LIPITOR® (atorvastatin calcium) tablets are not for everyone, including anyone who has previously had an allergic reaction to LIPITOR. It is not for those with liver problems. And it is not for women who are nursing, pregnant, or may become pregnant. If you get pregnant, stop taking LIPITOR and call your doctor right away.

If you take LIPITOR® (atorvastatin calcium) tablets, tell your doctor if you feel any new muscle pain or weakness. This could be a sign of rare but serious muscle problems that can lead to kidney problems, including kidney failure.

Tell your doctor about all your medical conditions and all medications you take. This may help avoid serious drug interactions. Your doctor should do blood tests to check your liver function before starting LIPITOR and during your treatment if you have symptoms of liver problems. Call your doctor right away if you have the following symptoms of liver problems - feel tired or weak or have a loss of appetite, upper belly pain, dark amber colored urine or yellowing of your skin or the whites of your eyes.

Tell your doctor if you have diabetes. Elevated blood sugar levels have been reported with statins, including LIPITOR.

Common side effects are diarrhea, upset stomach, muscle and joint pain, and changes in some blood tests.

Talk to your healthcare provider if you have side effects that bother you or that will not go away.

INDICATIONS

LIPITOR® (atorvastatin calcium) is a prescription medicine that lowers cholesterol in the blood. It lowers the LDL-C (“bad” cholesterol) and triglycerides in your blood. It can raise your HDL-C (“good” cholesterol) as well. LIPITOR is for adults and children over 10 whose cholesterol does not come down enough with exercise and a low-fat diet alone.

LIPITOR can lower the risk for heart attack, stroke, certain types of heart surgery, and chest pain in patients who have heart disease or risk factors for heart disease such as age, smoking, high blood pressure, low HDL-C, or heart disease in the family. LIPITOR can lower the risk for heart attack or stroke in patients with diabetes and risk factors such as eye problems, kidney problems, smoking, or high blood pressure.

Limitations of Use: LIPITOR has not been studied in people who have an increase of chylomicrons (Fredrickson Types I and V).

Please see the attached full Prescribing and Patient Information for LIPITOR.
Questions to Ask Your Doctor

You might have questions about your cholesterol levels and treatment with LIPITOR® (atorvastatin calcium). It may be helpful to review the questions below before speaking with your doctor to help frame your discussions during your next appointment.

What are my goals given my medical history?

How long does it take for LIPITOR to work?

How long should I take my medicine for?

What other factors (such as diet and exercise) affect my cholesterol levels?

What should I avoid while taking LIPITOR; specifically, what foods should I stay away from?

In order to get the brand

Be sure to ask your doctor to specify LIPITOR on your prescription with a note such as “No Substitutions,” “Brand Medically Necessary,” or “Dispense As Written (DAW)” to help ensure you receive brand-name LIPITOR.

IMPORTANT SAFETY INFORMATION (continued)

Tell your doctor if you have diabetes. Elevated blood sugar levels have been reported with statins, including LIPITOR.

Please see additional Important Safety Information on the previous pages and the full Prescribing and Patient Information for LIPITOR attached.
LIPITOR® (atorvastatin calcium) tablets, for oral use

Initial U.S. Approval: 1996

Dosage and Administration, Dosage in Patients Taking Cyclosporine, Clarithromycin, Itraconazole, or Certain Protease Inhibitors (2.6) 4/2019

Warnings and Precautions, Skeletal Muscle (5.1) 4/2019

LIPITOR is an HMG-CoA reductase inhibitor indicated as an adjunct therapy to diet to:

- Reduce the risk of MI, stroke, revascularization procedures, and angina in adult patients with CHD, but with multiple risk factors (1.1).
- Reduce the risk of MI and stroke in adult patients with type 2 diabetes without CHD, but with multiple risk factors (1.1).
- Reduce the risk of non-fatal MI, fatal and non-fatal stroke, revascularization procedures, hospitalization for CHF, and angina in adult patients with CHD (1.1).
- Reduce elevated total-C, LDL-C, apo B, and TG levels and increase HDL-C in adult patients with primary hyperlipidemia (heterozygous familial and nonfamilial) and mixed dyslipidemia (1.2).
- Reduce elevated TG in adult patients with hypertriglyceridemia and primary dysbetalipoproteinemia (1.2).
- Reduce total-C and LDL-C in patients with homozygous familial hypercholesterolemia (HeFH) (1.2).
- Reduce elevated total-C, LDL-C, and apo B levels in pediatric patients, 10 years to 17 years of age, with heterozygous familial hypercholesterolemia (HeFH) after failing an adequate trial of diet therapy (1.2).

Limitations of Use:

- Liver enzyme abnormalities: Persistent elevations in hepatic transaminases can occur. Check liver enzyme tests before initiating therapy and as clinically indicated thereafter (5.2).
- A higher incidence of hemorrhagic stroke was seen in patients without CHD but with stroke or TIA within the previous 6 months in the LIPITOR 80 mg group vs. placebo (5.5).

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**ADVERSE REACTIONS**

The most commonly reported adverse reactions (incidence > 2%) in patients treated with LIPITOR in placebo-controlled trials regardless of causality were: nasopharyngitis, arthralgia, diarrhea, pain in extremity, and urinary tract infection (6.1).

To report SUSPECTED ADVERSE REACTIONS, contact Pfizer at (1-800-438-1985 and www.pfizer.com) or FDA at 1-800-FDA-1088 or www.fda.gov/medwatch.

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**DRUG INTERACTIONS**

Drug Interactions Associated with Increased Risk of Myopathy/Rhabdomyolysis (2.6, 5.1, 7, 12.3)

**Interacting Agents**

- Cyclosporine, tipranavir plus ritonavir, glecaprevir plus pibrentasvir
- Clarithromycin, itraconazole, saquinavir plus ritonavir, darunavir plus ritonavir, fosamprenavir, fosamprenavir plus ritonavir, elbasvir plus grazoprevir
- Nelfinavir
- Lopinavir plus ritonavir, simprevir, fabric acid derivatives, erythromycin, azole antifungals, lipid-modifying doses of niacin, colchicine

**Prescribing Recommendations**

- Do not exceed 20 mg atorvastatin daily
- Use with caution and lowest dose necessary

- Other Lipid-Lowering Medications: Use with fibrate products or lipid-modifying doses (>1 g/day) of niacin increases the risk of adverse skeletal muscle effects. Caution should be used when prescribing with LIPITOR (7).
- Digoxin: Patients should be monitored appropriately (7.9).
- Oral Contraceptives: Values for norethindrone and ethinyl estradiol may be increased (7.10).
- Rifampin should be simultaneously co-administered with LIPITOR (7.8).

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**USE IN SPECIFIC POPULATIONS**

- Hepatic impairment: Plasma concentrations markedly increased in patients with chronic alcoholic liver disease (8.1, 8.2).
- Females of reproductive potential: Advise females of reproductive potential to use effective contraception during treatment with LIPITOR (8.3).

See 17 for PATIENT COUNSELING INFORMATION and FDA-approved patient labeling.

Revised: 4/2019

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**FULL PRESCRIBING INFORMATION: CONTENTS**

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1.2 Hyperlipidemia
1.3 Limitations of Use

2 DOSAGE AND ADMINISTRATION

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2.2 Heterozygous Familial Hypercholesterolemia in Pediatric Patients (10 Years to 17 Years of Age)
2.3 Homozygous Familial Hypercholesterolemia
2.4 Concomitant Lipid-Lowering Therapy
2.5 Dosage in Patients with Renal Impairment
2.6 Dosage in Patients Taking Cyclosporine, Clarithromycin, Itraconazole, or Certain Protease Inhibitors

3 DOSAGE FORMS AND STRENGTHS

4 CONTRAINDICATIONS

5 WARNINGS AND PRECAUTIONS

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5.2 Liver Dysfunction
5.3 Endocrine Function
5.4 CNS Toxicity
5.5 Use in Patients with Recent Stroke or TIA

6 ADVERSE REACTIONS

6.1 Clinical Trials Experience
6.2 Postmarketing Experience

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7.2 Grapefruit Juice
7.3 Cyclosporine
7.4 Glecaprevir and Pibrentasvir; Elbasvir and Grazoprevir
7.5 Gemfibrozil
7.6 Other Fibrates
7.7 Niacin
7.8 Rifampin or other Inducers of Cytochrome P450 3A4

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*Sections or subsections omitted from the full prescribing information are not listed.*
FULL PRESCRIBING INFORMATION
1 INDICATIONS AND USAGE
Therapy with lipid-altering agents should be only one component of multiple risk factor intervention in individuals at significantly increased risk for atherosclerotic vascular disease due to hypercholesterolemia. Drug therapy is recommended as an adjunct to diet when the response to a diet restricted in saturated fat and cholesterol and other nonpharmacologic measures alone has been inadequate. In patients with CHD or multiple risk factors for CHD, LIPITOR can be started simultaneously with diet.

1.1 Prevention of Cardiovascular Disease in Adults
In adult patients without clinically evident coronary heart disease, but with multiple risk factors for coronary heart disease such as age, smoking, hypertension, low HDL-C, or a family history of early coronary heart disease, LIPITOR is indicated to:

- Reduce the risk of myocardial infarction
- Reduce the risk of stroke
- Reduce the risk for revascularization procedures and angina

In adult patients with type 2 diabetes, and without clinically evident coronary heart disease, but with multiple risk factors for coronary heart disease such as retinopathy, albuminuria, smoking, or hypertension, LIPITOR is indicated to:

- Reduce the risk of myocardial infarction
- Reduce the risk of stroke

In adult patients with clinically evident coronary heart disease, LIPITOR is indicated to:

- Reduce the risk of non-fatal myocardial infarction
- Reduce the risk of fatal and non-fatal stroke
- Reduce the risk for revascularization procedures
- Reduce the risk of hospitalization for CHF
- Reduce the risk of angina

2.3 Homozygous Familial Hypercholesterolemia
LIPITOR is indicated:

- As an adjunct to diet to reduce elevated total-C, LDL-C, apo B, and TG levels and to increase HDL-C in adult patients with primary hypercholesterolemia (heterozygous familial and nonfamilial) and mixed dyslipidemia (Fredrickson Types IIa and IIb);
- As an adjunct to diet for the treatment of adult patients with elevated serum TG levels (Fredrickson Type IV);
- For the treatment of adult patients with primary dysbetalipoproteinemia (Fredrickson Type III) who do not respond adequately to diet;
- To reduce total-C and LDL-C in patients with homozygous familial hypercholesterolemia (HoFH) as an adjunct to other lipid-lowering treatments (e.g., LDL apheresis) or if such treatments are unavailable;
- As an adjunct to diet to reduce total-C, LDL-C, and apo B levels in pediatric patients, 10 years to 17 years of age, with heterozygous familial hypercholesterolemia (HoFH) if after an adequate trial of diet therapy the following findings are present: a. LDL-C remains ≥ 190 mg/dl or b. LDL-C remains ≥ 160 mg/dl and: i. there is a positive family history of premature cardiovascular disease or ii. two or more other CVD risk factors are present in the pediatric patient

1.3 Limitations of Use
LIPITOR has not been studied in conditions where the major lipoprotein abnormality is elevation of chylomicrons (Fredrickson Types I and V).

2 DOSAGE AND ADMINISTRATION
2.1 Hyperlipidemia and Mixed Dyslipidemia
The recommended starting dose of LIPITOR is 10 or 20 mg once daily. Patients who require a large reduction in LDL-C (more than 45%) may be started at 40 mg once daily. The dosage range of LIPITOR is 10 to 80 mg daily. LIPITOR can be administered as a single dose at any time of the day, with or without food. The starting dose and maintenance doses of LIPITOR should be individualized according to patient characteristics such as goal of therapy and response. After initiation and/or upon titration of LIPITOR, lipid levels should be analyzed within 2 to 4 weeks and dosage adjusted accordingly.

2.2 Heterozygous Familial Hypercholesterolemia in Pediatric Patients (10 Years to 17 Years of Age)
The recommended starting dose of LIPITOR is 10 mg/day; the usual dose range is 10 to 20 mg orally once daily [see Clinical Studies (14.6)]. Doses should be individualized according to the recommended goal of therapy [see Indications and Usage (1.2) and Clinical Pharmacology (12)]. Adjustments should be made at intervals of 2 to 4 weeks or more.

2.3 Homozygous Familial Hypercholesterolemia
The dosage of LIPITOR in patients with HoFH is 10 to 80 mg daily. LIPITOR should be used as an adjunct to other lipid-lowering treatments (e.g., LDL apheresis) in these patients or if such treatments are unavailable.

2.4 Concomitant Lipid-Lowering Therapy
LIPITOR may be used with bile acid resins. The combination of HMG-CoA reductase inhibitors (statins) and fibrates should generally be used with caution [see Warnings and Precautions (5.1) and Drug Interactions (7)].

2.5 Dosage in Patients with Renal Impairment
Renal disease does not affect the plasma concentrations nor LDL-C reduction of LIPITOR; thus, dosage adjustment in patients with renal dysfunction is not necessary [see Warnings and Precautions (5.1) and Clinical Pharmacology (12.3)].

2.6 Dosage in Patients Taking Cyclosporine, Clarithromycin, Itraconazole, or Certain Protease Inhibitors
In patients taking cyclosporine or the HIV protease inhibitor tipranavir plus ritonavir or the hepatitis C virus (HCV) protease inhibitor glecaprevir plus pibrentasvir, therapy with LIPITOR should be avoided. In patients taking clarithromycin, itraconazole, elbavir plus grazoprevir, or in patients with HIV taking a combination of saquinavir plus ritonavir, darunavir plus ritonavir, fosamprenavir, or fosamprenavir plus ritonavir, therapy with LIPITOR should be limited to 20 mg, and appropriate clinical assessment is recommended to ensure that the lowest dose necessary of LIPITOR is used. In patients taking the HIV protease inhibitor nelfinavir therapy with LIPITOR should be limited to 40 mg. When co-prescribing atorvastatin with other protease inhibitors, appropriate clinical assessment is recommended to ensure that the lowest dose necessary of LIPITOR is used [see Warnings and Precautions (5.1) and Drug Interactions (7)].

3 DOSAGE FORMS AND STRENGTHS
LIPITOR tablets are white elliptical, film-coated, and are available in four strengths (see Table 1).

Table 1: LIPITOR Tablet Strengths and Identifying Features

<table>
<thead>
<tr>
<th>Tablet Strength</th>
<th>Identifying Features</th>
</tr>
</thead>
<tbody>
<tr>
<td>10 mg of atorvastatin</td>
<td>&quot;PD 155&quot; on one side and &quot;10&quot; on the other</td>
</tr>
<tr>
<td>20 mg of atorvastatin</td>
<td>&quot;PD 156&quot; on one side and &quot;20&quot; on the other</td>
</tr>
<tr>
<td>40 mg of atorvastatin</td>
<td>&quot;PD 157&quot; on one side and &quot;40&quot; on the other</td>
</tr>
<tr>
<td>80 mg of atorvastatin</td>
<td>&quot;PD 158&quot; on one side and &quot;80&quot; on the other</td>
</tr>
</tbody>
</table>

4 CONTRAINDICATIONS
- Active Liver Disease, Which May Include Unexplained Persistent Elevations in Hepatic Transaminase Levels
- Hypersensitivity to Any Component of This Medication
- Pregnancy [see Use in Specific Populations (8.1)]
- Lactation [see Use in Specific Populations (8.2)]

5 WARNINGS AND PRECAUTIONS
5.1 Skeletal Muscle
Rare cases of rhabdomyolysis with acute renal failure secondary to myoglobinuria have been reported with LIPITOR and with other drugs in this class. A history of renal impairment may be a risk factor for the development of rhabdomyolysis. Such patients merit closer monitoring for skeletal muscle effects. Atorvastatin, like other statins, occasionally causes myopathy, defined as muscle aches or muscle weakness in conjunction with increases in creatine phosphokinase (CPK) values >10 times ULN. The concomitant use of higher doses of atorvastatin with certain drugs such as cyclosporine and strong cytochrome P450 3A4 (CYP3A4) inhibitors (e.g., clarithromycin, itraconazole, and HIV and HCV protease inhibitors) increases the risk of myopathy/rhabdomyolysis.

There have been rare reports of immune-mediated necrotizing myopathy (IMNM), an autoimmune myopathy, associated with statin use. IMNM is characterized by: proximal muscle weakness and elevated serum creatine kinase, which persist despite discontinuation of statin treatment; muscle biopsy showing necrotizing myopathy without significant inflammation; improvement with immunosuppressive agents. 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 or if muscle signs and symptoms persist after discontinuing LIPITOR. LIPITOR therapy should be discontinued if markedly elevated CPK levels occur or myopathy is diagnosed or suspected.

The risk of myopathy during treatment with drugs in this class is increased with concurrent administration of the drugs listed in Table 2. Physicians considering combined therapy of LIPITOR with any of these drugs should carefully weigh the potential benefits and risks and should carefully monitor patients for any signs or symptoms of muscle pain, tenderness, or weakness, particularly during the initial months of therapy and during any periods of upward dosage titration of either drug. Lower starting and maintenance doses of atorvastatin should be considered when taken concomitantly with the aforementioned drugs [see Drug Interactions (7)]. Periodic creatine phosphokinase (CPK) determinations may be considered in such situations, but there is no assurance that such monitoring will prevent the occurrence of severe myopathy.

Prescribing recommendations for interacting agents are summarized in Table 2 [see Dosage and Administration (2.6), Drug Interactions (7), and Clinical Pharmacology (12.3)].

Table 2. Drug Interactions Associated with Increased Risk of Myopathy/Rhabdomyolysis

<table>
<thead>
<tr>
<th>Interacting Agents</th>
<th>Prescribing Recommendations</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cyclosporine, tijranavir plus ritonavir, glecaprevir plus pibrentasvir</td>
<td>Avoid atorvastatin</td>
</tr>
<tr>
<td>Clarithromycin, itraconazole, saquinavir plus ritonavir*, darunavir plus ritonavir, fosamprenavir plus ritonavir, elbavir plus grazoprevir</td>
<td>Do not exceed 20 mg atorvastatin daily</td>
</tr>
<tr>
<td>Nelfinavir</td>
<td>Do not exceed 40 mg atorvastatin daily</td>
</tr>
<tr>
<td>Lopinavir plus ritonavir, simprevir, fibrac acid derivatives, erythromycin, azole antifungals, lipid-modifying doses of niacin, colchicine</td>
<td>Use with caution and lowest dose necessary</td>
</tr>
</tbody>
</table>

*Use the lowest dose necessary (12.3)

LIPITOR therapy should be temporarily withheld or discontinued in any patient with an acute, serious condition suggestive of a myopathy or having a risk factor predisposing to the development of renal failure secondary to myoglobinuria (e.g., severe acute infection, hypotension, major surgery, trauma, severe metabolic, endocrine and electrolyte disorders, and uncontrolled seizures).
5.2 Liver Dysfunction

Statins, like some other lipid-lowering therapies, have been associated with biochemical abnormalities of liver function. Persistent elevations (>3 times the upper limit of normal [ULN] occurring on 2 or more occasions) in serum transaminases occurred in 0.7% of patients who received LIPITOR in clinical trials. The incidence of these abnormalities was 0.2%, 0.2%, 0.6%, and 2.3% for 10, 20, 40, and 80 mg, respectively.

One patient in clinical trials developed jaundice. Increases in liver function tests (LFT) in other patients were not associated with jaundice or other clinical signs or symptoms. Upon dose reduction, drug interruption, or discontinuation, transaminase tests returned to or near pretreatment levels without sequelae. Eighteen of 30 patients with persistent LFT elevations were then continued on a reduced dose of LIPITOR.

It is recommended that liver enzyme tests be obtained prior to initiating therapy with LIPITOR and repeated as clinically indicated. There have been rare postmarketing reports of fatal and non-fatal hepatic failure in patients taking statins, including atorvastatin. If serious liver injury with clinical symptoms and/or hyperbilirubinemia or jaundice occurs during treatment with LIPITOR, promptly interrupt therapy. If an alternate etiology is not found, do not restart LIPITOR.

LIPITOR should be used with caution in patients who consume substantial quantities of alcohol and/or have a history of liver disease. Active liver disease or unexplained persistent transaminase elevations are contraindications to the use of LIPITOR [see Contraindications (4)].

5.3 Endocrine Function

Increases in hHbA1c and fasting serum glucose levels have been reported with HMG-CoA reductase inhibitors, including LIPITOR.

Statins interfere with cholesterol synthesis and theoretically might blunt adrenal and/or gonadal steroid production. Clinical studies have shown that LIPITOR does not reduce basal plasma cortisol concentration or impair adrenal reserve. The effects of statins on male fertility have not been studied in adequate numbers of patients. The effects, if any, on the pituitary-gonadal axis in premenopausal women are unknown. Caution should be exercised if a statin is administered concomitantly with drugs that may decrease the levels or activity of endogenous steroid hormones, such as ketoconazole, spironolactone, and cimetidine.

5.4 CNS Toxicity

Brain hemorrhage was seen in a female dog treated for 3 months at 120 mg/kg/day. Brain hemorrhage and optic nerve vacuolation were seen in another female dog that was sacrificed in moribund condition after 11 weeks of escalating doses up to 240 mg/kg/day. The 120 mg/kg dose resulted in a systemic exposure approximately 16 times the human plasma area-under-the-curve (AUC, 0-24 hours) based on the maximum human dose of 80 mg/day. A single tonic convulsion was seen in each of 2 male dogs (one treated at 10 mg/kg/day and one at 120 mg/kg/day) in a 2-year study. No CNS lesions have been observed in mice after chronic treatment for up to 2 years at doses up to 400 mg/kg/day or in rats at doses up to 100 mg/kg/day. These doses were 6 to 11 times (mouse) and 8 to 16 times (rat) the human AUC (0-24) based on the maximum recommended human dose of 80 mg/day.

CNS vascular lesions, characterized by perivascular hemorrhages, edema, and mononuclear cell infiltration of perivascular spaces, have been observed in dogs treated with other members of this class. A chemically similar drug in this class produced optic nerve degeneration (Wallarian degeneration of retinogenetic fibers) in clinically normal dogs in a dose-dependent fashion at a dose that produced plasma drug levels about 30 times higher than the mean drug level in humans taking the highest recommended dose.

5.5 Use in Patients with Recent Stroke or TIA

In a post-hoc analysis of the Stroke Prevention by Aggressive Reduction in Cholesterol Levels (SPARCL) study where LIPITOR 80 mg vs. placebo was administered in 4,731 subjects without CHD who had a stroke or TIA within the preceding 6 months, a higher incidence of hemorrhagic stroke was seen in the LIPITOR 80 mg group compared to placebo (5.5, 2.3% atorvastatin vs. 3.1, 2.4% placebo; HR: 1.68, 95% CI: 1.09, 2.59; p=0.0168). The incidence of fatal hemorrhagic stroke was similar across treatment groups (17 vs. 18 per 1000 patient-years). The incidence of non-fatal hemorrhagic stroke was significantly greater in the atorvastatin group (2.59 vs. 1.4% placebo; HR: 1.68, 95% CI: 1.09, 2.59; p=0.0168). The incidence of non-fatal hemorrhagic stroke was significantly greater in the atorvastatin group (5.0% vs. 4.0% placebo; HR: 1.25, 95% CI: 0.97, 1.62; p=0.066)

In the TNT study involving 10,010 subjects (age range 39–78 years, 19% women; 94.1% Caucasians, 2.9% Blacks, 0.1% Asians, 2.0% other) with clinically evident CHD treated with LIPITOR 10 mg daily (n=5006) or placebo (n=4995), there were no serious adverse reactions or discontinuations due to adverse reactions in the high-dose atorvastatin group (82, 1.8%; 497, 9.9%, respectively) as compared to the low-dose group (69, 1.4%; 404, 8.1%, respectively) during a median follow-up of 4.9 years. Persistent transaminase elevations (≥3 x ULN twice within 4–10 days) occurred in 62 (1.3%) individuals with atorvastatin 80 mg and in nine (0.2%) individuals with atorvastatin 10 mg. Elevations of CK (≤10 x ULN) were low overall, but were higher in the high-dose atorvastatin treatment group (13.0, 0.3%) compared to the low-dose atorvastatin group (0.1, 0.01%)

Incremental Decrease in Endpoints through Aggressive Lipid Lowering Study (IDEAL)

In IDEAL [see Clinical Studies (14.1)] involving 8,888 subjects (age range 26–80 years, 19% women; 99.3% Caucasians, 0.4% Asians, 0.3% Blacks, 0.04% other) treated with LIPITOR 80 mg/day (n=4439) or simvastatin 20–40 mg daily (n=4449), there was no difference in the overall frequency of adverse reactions or serious adverse reactions between the treatment groups during a median follow-up of 3.9 years. No cases of rhabdomyolysis were reported. 

Treated to New Targets Study (TNT)

In TNT [see Clinical Studies (14.1)] involving 10,010 subjects (age range 39–78 years, 19% women; 94.1% Caucasians, 2.9% Blacks, 1.0% Asians, 2.0% other) with clinically evident CHD treated with LIPITOR 10 mg daily (n=5006) or placebo (n=4995), there were no significant differences between the treatment groups for all-cause mortality: 216 (9.1%) in the LIPITOR 10 mg group and 226 (9.3%) in the placebo group. The proportions of subjects who experienced cardiovascular death were numerically smaller in the LIPITOR 80 mg group (3.3%) than in the placebo group (3.6%). 

The incidence of fatal hemorrhagic stroke was similar between groups (17 vs. 18 per 1000 patient-years). The incidence of non-fatal hemorrhagic stroke was significantly greater in the atorvastatin group (5.0% vs. 4.0% placebo; HR: 1.25, 95% CI: 0.97, 1.62; p=0.066).

In the TNT study, the incidence of myocardial infarction was numerically larger in the LIPITOR 80 mg group (5.0%) than in the placebo group (4.0%). The proportion of subjects who experienced non-fatal myocardial infarction was numerically larger in the LIPITOR 80 mg group (5.0%) than in the placebo group (4.0%). There were no significant differences between the treatment groups for all-cause mortality: 216 (9.1%) in the LIPITOR 80 mg group and 226 (9.3%) in the placebo group. The proportions of subjects who experienced cardiovascular death were numerically smaller in the LIPITOR 80 mg group (3.3%) than in the placebo group (4.1%). The proportions of subjects who experienced non-cardiovascular death were numerically larger in the LIPITOR 80 mg group (5.0%) than in the placebo group (4.0%).

Adverse Reactions from Clinical Studies of LIPITOR in Pediatric Patients

In a 26-week controlled study in boys and postmenarchal girls with HDL (ages 10 years to 17 years (n=140, 31% female; 92% Caucasians, 1.6% Blacks, 1.6% Asians, 4.8% other) the safety and tolerability profile of LIPITOR 10 to 20 mg daily, as an adjunct to diet to reduce total cholesterol, LDL-C, and apo B levels, was generally similar to that of placebo [see Use in Special Populations (8.4) and Clinical Studies (14.6)].
7.2 Grapefruit Juice

Grapefruit Juice should be avoided with LIPITOR, and the dose of LIPITOR should not exceed 20 mg daily in patients receiving concomitant medications with products containing grapefruit juice [see Warnings and Precautions (5.1)].

7.3 Cyclosporine

Cyclosporine is a substrate of the hepatic transporters. LIPITOR is a substrate of OATP1B1, OATP1B3, and OATP2B1. Inhibition of these transporters decreases the clearance of cyclosporine in rats. In humans, LIPITOR concentrations increased when given with cyclosporine, and caution should be used when the LIPITOR dose exceeds 20 mg/day [see Warnings and Precautions (5.1)].

7.4 Glecaprevir and Pibrentasvir; Elbasvir and Grazoprevir

Combination therapy with LIPITOR should be avoided with glecaprevir and pibrentasvir or elbasvir and grazoprevir [see Warnings and Precautions (5.1)].

7.5 Gemfibrozil

Gemfibrozil is a substrate of the hepatic transporters. LIPITOR is a substrate of OATP1B1, OATP1B3, and OATP2B1. Inhibition of these transporters decreases the clearance of gemfibrozil in rats. In humans, LIPITOR concentrations increased when given with gemfibrozil, and caution should be used when the LIPITOR dose exceeds 20 mg/day [see Warnings and Precautions (5.1)].

7.6 Other Fibrate Drugs

Fibrate drugs are substrates of the hepatic transporters. LIPITOR is a substrate of OATP1B1, OATP1B3, and OATP2B1. Inhibition of these transporters decreases the clearance of fibrate drugs in rats. In humans, LIPITOR concentrations increased when given with co-administered fibrate drugs [see Warnings and Precautions (5.1)].

8. USE IN SPECIFIC POPULATIONS

8.1 Pregnancy

Risk Summary

LIPITOR is contraindicated for use in pregnant women since safety in pregnant women has not been established. There is no apparent benefit of lipid lowering drugs during pregnancy. When available, maternal serum samples were analyzed for atorvastatin, simvastatin, and lovastatin. These drugs are present in human milk. The approximate daily dose of LIPITOR prescribed to a nursing mother will yield at least 5 times the human exposure to atorvastatin, simvastatin, or lovastatin. The effects of LIPITOR on the breastfed infant have not been studied. Due to the potential for serious adverse reactions in a breastfed infant, advise women that breastfeeding is not recommended while taking LIPITOR [see Contraindications (4)].

8.1.1 Pregnancy Registry

The Patient-Centered Outcomes Research Institute (PCORI) funded the Cardiovascular and Renal Risk in Diabetes (CARRDI) study. This is an observational study that includes patients with type 2 diabetes who are treated with statins. The study is designed to assess the incidence of statin-related myopathy in real-world clinical practice. The study investigators will collect data on the incidence of myopathy and other adverse events in patients treated with LIPITOR. The study is currently enrolling patients.

For more information about the CARRDI study, please visit the study website: https://www.cardiastudy.org/

8.2 Lactation

Risk Summary

LIPITOR use is contraindicated during breastfeeding [see Contraindications (4)]. There is no available information on the effects of the drug on the breastfed infant or the effects of the drug on milk production.

8.3 Females and Males of Reproductive Potential

Contraception

LIPITOR use is contraindicated during breastfeeding [see Contraindications (4)]. There is no available information on the effects of the drug on the breastfed infant or the effects of the drug on milk production. It is not known whether atorvastatin is present in human milk, but it has been shown that another drug in this class passes into human milk and atorvastatin is present in rat milk. Because of the potential for serious adverse reactions in a breastfed infant, advise women that breastfeeding is not recommended during treatment with LIPITOR [see Use in Specific Populations (8.1)].
8.4 Pediatric Use

Heterozygous Familial Hypercholesterolemia (HeFH)

The safety and effectiveness of LIPITOR have been established in pediatric patients, 10 years to 17 years of age, with HeFH as an adjunct to diet to reduce total cholesterol, LDL-C, and apo B levels when, after an adequate trial of diet therapy, the following are present:

- LDL-C ≥ 190 mg/dL or
- LDL-C ≥ 160 mg/dL and
  - a positive family history of FH, or premature CVD in a first, or second-degree relative, or
  - two or more other CVD risk factors are present.

Use of LIPITOR for this indication is supported by evidence from [see Dosage and Administration (2.2), Adverse Reactions (6.1), Clinical Pharmacology (12.3), and Clinical Studies (14.6)].

LIPITOR Tablets for oral administration contain 10, 20, 40, or 80 mg of atorvastatin and the following:

- simethicone emulsion.
- Opadry White YS-1-7040 (hypromellose, polyethylene glycol, talc, titanium dioxide); polysorbate 80, NF;
- Linaclotide (sodium [3,5,6-trihydroxy-2-furfuryl]lactate). The empirical formula is: 
  
  \[\text{C}_4\text{H}_9\text{NO}_{2}\text{Na}\] 

A placebo-controlled clinical trial of 6 months duration in 187 boys and postmenarchal girls, 10 years to 17 years of age. Patients treated with 10 mg or 20 mg daily LIPITOR had an adverse reaction profile generally similar to that of patients treated with placebo. In this limited controlled study, there was no significant effect on growth or sexual maturation in boys or on menstrual cycle length in girls.

A three year open-label uncontrolled trial that included 163 pediatric patients 10 to 15 years of age with HeFH who were titrated to achieve a target LDL-C < 130 mg/dL. The safety and efficacy of LIPITOR in lowering LDL-C appeared generally consistent with that observed for adult patients, despite limitations of the uncontrolled study design.

Advise postmenarchal girls of contraception recommendations, if appropriate for the patient [see Use in Specific Populations (8.1), (8.3)].

The long-term efficacy of LIPITOR therapy initiated in childhood to reduce morbidity and mortality in adulthood has not been established.

The safety and efficacy of LIPITOR have not been established in pediatric patients younger than 10 years of age with HeFH.

Homozygous Familial Hypercholesterolemia (HoFH)

Clinical efficacy of LIPITOR with dosages up to 80 mg/day for 1 year was evaluated in an uncontrolled study of patients with HoFH including 8 pediatric patients [see Clinical Studies (14.5)].

8.5 Geriatric Use

Of the 39,828 patients who received LIPITOR in clinical studies, 15,813 (40%) were ≥65 years old and 2,800 (7%) were ≥75 years old. No overall differences in safety or effectiveness were observed between these subjects and younger subjects, and other reported clinical experience has not identified differences in responses between the elderly and younger patients, but greater sensitivity of some older adults cannot be ruled out. Since advanced age (≥65 years) is a predisposing factor for myopathy, LIPITOR should be prescribed with caution in the elderly.

8.6 Hepatic Impairment

Lipid is contraindicated in patients with active liver disease which may include unexplained persistent elevations in hepatic transaminase levels [see Contraindications (4) and Clinical Pharmacology (12.3)].

10 OVERDOSAGE

There is no specific treatment for LIPITOR overdosage. In the event of an overdose, the patient should be treated symptomatically, and supportive measures instituted as required. Due to extensive drug binding to plasma proteins, hemodialysis is not expected to significantly enhance LIPITOR clearance.

11 DESCRIPTION

LIPITOR is a synthetic lipid-lowering agent. Atorvastatin is an inhibitor of 3-hydroxy-3-methylglutaryl-coenzyme A (HMG-CoA) reductase. This enzyme catalyzes the conversion of HMG-CoA to mevalonate, an early and rate-limiting step in cholesterol biosynthesis.

LIPITOR is a competitive inhibitor of HMG-CoA reductase, the rate-limiting enzyme that produces cholesterol. This is attributed to active metabolites.

In vitro inhibition of HMG-CoA reductase by ortho- and parahydroxylated metabolites is equivalent to that of LIPITOR. Approximately 70% of circulating inhibitory activity for HMG-CoA reductase is attributed to active metabolites. In vitro studies suggest the importance of LIPITOR metabolism by cytochrome P450 3A4, consistent with increased plasma concentrations of LIPITOR in humans following co-administration with rifampycin, a known inhibitor of this isozyme [see Drug Interactions (7.1)]. In animals, the ortho-hydroxy metabolite undergoes further glucuronidation.

Excretion: LIPITOR and its metabolites are eliminated primarily in bile following hepatic and/or extra-hepatic metabolism; however, the drug does not appear to undergo enterohepatic recirculation. Mean plasma elimination half-life of LIPITOR in humans is approximately 14 hours, but the half-life of inhibitory activity for HMG-CoA reductase is 20 to 30 hours due to the contribution of active metabolites. Less than 2% of a dose of LIPITOR is recovered in urine following oral administration.

Specific Populations

Geriatric: Plasma concentrations of LIPITOR are higher (approximately 40% for Cmax and 30% for AUC) in healthy elderly subjects (age ≥65 years) than in young adults. Clinical data suggest a greater degree of LDL-lowering at any dose of drug in the elderly patient population compared to younger adults [see Use in Specific Populations (8.5)].

Pediatric: Apparent oral clearance of atorvastatin in pediatric subjects appeared similar to that of adults when scaled allometrically by body weight as the body weight was the only significant covariate in the analysis.

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12 CLINICAL PHARMACOLOGY

12.1 Mechanism of Action

LIPITOR is a selective, competitive inhibitor of HMG-CoA reductase, the rate-limiting enzyme that converts 3-hydroxy-3-methylglutaryl coenzyme A to mevalonate, a precursor of sterols, including cholesterol. In animal models, LIPITOR lowers plasma cholesterol and lipoprotein levels by inhibiting HMG-CoA reductase and cholesterol synthesis in the liver and by increasing the number of hepatic LDL receptors on the cell surface to enhance uptake and catabolism of LDL; LIPITOR also reduces LDL production and the number of LDL particles.

12.2 Pharmacodynamics

LIPITOR, as well as some of its metabolites, are pharmacologically active in humans. The liver is the primary site of action and the principal site of cholesterol synthesis and LDL clearance. Drug dosage, rather than systemic drug concentration, correlates better with LDL-C reduction. Individualization of drug dosage should be based on therapeutic response [see Dosage and Administration (2)].

12.3 Pharmacokinetics

Absorption: LIPITOR is rapidly absorbed after oral administration; maximum plasma concentrations occur within 1 to 2 hours. Extent of absorption increases in proportion to LIPITOR dose. The absolute bioavailability of atorvastatin (parent drug) is approximately 14% and the systemic availability of HMG-CoA reductase inhibitory activity is approximately 30%. The low systemic availability is attributed to pre-systemic clearance in gastrointestinal mucosal masor and/or hepatic first-pass metabolism. Although food decreases the rate and extent of drug absorption by approximately 25% and 9%, respectively, as assessed by Cmax and AUC, LDL-C reduction is similar whether LIPITOR is given with or without food. Plasma LIPITOR concentrations are lower (approximately 30% for Cmax and AUC) following evening drug administration compared with morning. However, LDL-C reduction in the elderly is the same regardless of the time of day of drug administration [see Use in Specific Populations (8.5)].

Distribution: Mean volume of distribution of LIPITOR is approximately 38.1 liters. LIPITOR is ≥98% bound to plasma proteins. A blood/plasma ratio of approximately 0.25 indicates poor drug penetration into red blood cells. Based on observations in rats, LIPITOR is likely to be secreted in human milk [see Contraindications (4) and Use in Specific Populations (8.2)].

Metabolism: LIPITOR is extensively metabolized to ortho- and parahydroxylated derivatives and various beta-oxidation products. In vitro inhibition of HMG-CoA reductase by ortho- and parahydroxylated metabolites is equivalent to that of LIPITOR. Approximately 70% of circulating inhibitory activity for HMG-CoA reductase is attributed to active metabolites. In vitro studies suggest the importance of LIPITOR metabolism by cytochrome P450 3A4, consistent with increased plasma concentrations of LIPITOR in humans following co-administration with rifampycin, a known inhibitor of this isozyme [see Drug Interactions (7.1)].

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Atorvastatin calcium is a white to off-white crystalline powder that is insoluble in aqueous solutions of pH 4 and below. Atorvastatin calcium is very slightly soluble in distilled water, pH 7.4 phosphate buffer, and acetone/ethylacetate; slightly soluble in ethanol; and freely soluble in methanol.

LIPITOR Tablets for oral administration contain 10, 20, 40, or 80 mg of atorvastatin and the following inactive ingredients: calcium carbonate, USP; candelilla wax, FCC; croscarmellose sodium, NF; hydroxypropyl cellulose, NF; lactose monohydrate, NF; magnesium stearate, NF; microcrystalline cellulose, NF; Opadry White YS-1-784 (hypromellose, polyethylene glycol, talc, titanium dioxide); polyvaxate 80, NF; simethicone emulsion.
### TABLE 4. Effect of Co-administered Drugs on the Pharmacokinetics of Atorvastatin

<table>
<thead>
<tr>
<th>Co-administered drug and dosing regimen</th>
<th>Dose (mg)</th>
<th>Ratio of AUC</th>
<th>Ratio of Cmax</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Atorvastatin</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>80 mg QD* for 15 days</td>
<td>10 mg QD* for 28 days</td>
<td>2.84</td>
<td>2.22</td>
</tr>
<tr>
<td>80 mg QD* for 10 days</td>
<td>10 mg QD* for 24 days</td>
<td>1.94</td>
<td>1.94</td>
</tr>
<tr>
<td>40 mg QD* for 22 days</td>
<td>40 mg QD* for 4 days</td>
<td>3.25</td>
<td>3.25</td>
</tr>
<tr>
<td>10 mg SD*</td>
<td>40 mg SD*</td>
<td>2.00</td>
<td>2.00</td>
</tr>
<tr>
<td>10 mg SD*</td>
<td>40 mg SD*</td>
<td>1.35</td>
<td>1.35</td>
</tr>
<tr>
<td>80 mg QD*</td>
<td>40 mg QD*</td>
<td>1.94</td>
<td>1.94</td>
</tr>
<tr>
<td>10 mg SD*</td>
<td>40 mg SD*</td>
<td>1.35</td>
<td>1.35</td>
</tr>
</tbody>
</table>

* Represents ratio of treatments (co-administered drug plus atorvastatin vs. atorvastatin alone).

** Greater increases in AUC (ratio of AUC up to 2.5) and/or Cmax (ratio of Cmax up to 1.71) have been reported with excessive grapefruit consumption (>750 mL -1.2 liters per day).

*** Ratio based on a single sample taken 8-16 h post dose.

† Due to the dual interaction mechanism of rifampin, simultaneous co-administration of atorvastatin with rifampin is recommended, as delayed administration of atorvastatin after administration of rifampin has been associated with a significant reduction in atorvastatin plasma concentrations.

‡ The dose of saquinavir plus ritonavir in this study is not the clinically used dose. The increase in atorvastatin exposure when used clinically is likely to be higher than what was observed in this study. Therefore, caution should be applied and the lowest dose necessary should be used.

### TABLE 5. Effect of Atorvastatin on the Pharmacokinetics of Co-administered Drugs

<table>
<thead>
<tr>
<th>Drug/Dose (mg)</th>
<th>Co-administered drug and dosing regimen</th>
<th>Ratio of AUC</th>
<th>Ratio of Cmax</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Atorvastatin</strong></td>
<td>80 mg QD* for 15 days</td>
<td>1.03</td>
<td>0.89</td>
</tr>
<tr>
<td><strong>Antipyrine</strong>, 600 mg SD*</td>
<td>80 mg QD* for 10 days</td>
<td>1.15</td>
<td>1.20</td>
</tr>
<tr>
<td>* Digoxin 0.25 mg QD*, 20 days</td>
<td>40 mg QD* for 22 days</td>
<td>1.28</td>
<td>1.30</td>
</tr>
<tr>
<td>* Oral contraceptive OD*; 2 months - norethindrone 1 mg - ethinyl estradiol 35 μg</td>
<td>10 mg, SD*</td>
<td>1.08</td>
<td>0.96</td>
</tr>
<tr>
<td>% Tiranavir 500 mg BD*/ritonavir 200 mg BD*, 7 days</td>
<td>10 mg QD* for 4 days</td>
<td>0.73</td>
<td>0.82</td>
</tr>
<tr>
<td>* Fosamprenavir 1400 mg BD*, 14 days</td>
<td>10 mg QD* for 4 days</td>
<td>0.99</td>
<td>0.94</td>
</tr>
</tbody>
</table>

* See Section 7 for clinical significance.

** Once daily

† Twice daily

§ Single dose

### 13 NONCLINICAL TOXICOLOGY

#### 13.1 Carcinogenesis, Mutagenesis, Impairment of Fertility

In a 2-year carcinogenicity study in rats at dose levels of 10, 30, and 100 mg/kg/day, 2 rare tumors were found in muscle in high-dose females: in one, there was a rhabdomyosarcoma and, in another, there was a fibrosarcoma. This dose represents a plasma AUC (0-24) value of approximately 16 times the mean human plasma drug exposure after an 80 mg oral dose.

A 2-year carcinogenicity study in mice given 100, 200, or 400 mg/kg/day resulted in a significant increase in liver adenomas in high-dose males and liver carcinomas in high-dose females. These findings occurred at plasma AUC (0-24) values of approximately 6 times the mean human plasma drug exposure after an 80 mg oral dose.

In vitro, atorvastatin was not mutagenic or clastogenic in the following tests with and without metabolic activation: the Ames test with Salmonella typhimurium and Escherichia coli, the HGPRT forward mutation assay in Chinese hamster lung cells, and the chromosomal aberration assay in Chinese hamster lung cells. Atorvastatin was negative in the in vivo micronucleus test.

In female rats, atorvastatin at doses up to 225 mg/kg (56 times the human exposure) did not cause adverse effects on fertility. Studies in male rats performed at doses up to 175 mg/kg (15 times the human exposure) produced no changes in fertility. There was aplasia and aspermia in the epididymis of 2 of 10 rats treated with 100 mg/kg/day of atorvastatin for 3 months (16 times the human AUC at the 80 mg dose); testis weights were significantly lower at 30 and 100 mg/kg and epididymal weight was lower at 100 mg/kg/day. Preparations containing atorvastatin at doses of 3.5 mg/kg produced a significant decrease in spermatid head concentration, and increased abnormal sperm. Atorvastatin caused no adverse effects on semen parameters, or reproductive organ histopathology in dogs given doses of 10, 40, or 120 mg/kg for two years.

#### 14 CLINICAL STUDIES

##### 14.1 Prevention of Cardiovascular Disease

In the Anglo-Scandinavian Cardiac Outcomes Trial (ASCOT), the effect of LIPITOR on fatal and non-fatal coronary heart disease was assessed in 10,305 hypertensive patients 40–80 years of age (mean of 63 years), without a previous myocardial infarction and with TC levels ≤251 mg/dL (6.5 mmol/L). Additionally, all patients had at least 3 of the following cardiovascular risk factors: male gender (81.1%), age ≥55 years (64.5%), smoking (33.2%), diabetes (24.3%), history of CHD in a first-degree relative (26%), TC/HDL ≥4.15, peripheral vascular disease (5.1%), left ventricular hypertrophy (14.4%), prior cerebrovascular event (9.8%), specific ECG abnormality (14.3%), proteinuria/albuminuria (62.4%). In this double-blind, placebo-controlled study, patients were treated with anti-hypertensive therapy (Goal BP <140/90 mm Hg for non-diabetic patients; <130/80 mm Hg for diabetic patients) and allocated to either LIPITOR 10 mg daily (n=5168) or placebo (n=5137), using a covariate adaptive method which took into account the distribution of nine baseline characteristics of patients already enrolled and minimized the imbalance of those characteristics across the groups. Patients were followed for a median duration of 3.3 years.

The effect of 10 mg/day of LIPITOR on lipid levels was similar to that seen in previous clinical trials.

LIPITOR significantly reduced the rate of coronary events [either fatal coronary heart disease (46 events in the placebo group vs. 40 events in the LIPITOR group) or non-fatal MI (108 events in the placebo group vs. 90 events in the LIPITOR group)] by 25% in 2.7 years of treatment. The risk reduction was consistent regardless of age, smoking status, obesity, or presence of renal dysfunction. The effect of LIPITOR was seen regardless of baseline LDL levels. Due to the small number of events, results for women were inconclusive.

### Figure 1: Effect of LIPITOR 10 mg/day on Cumulative Incidence of Non-Fatal Myocardial Infarction or Coronary Heart Disease Death (in ASCOT-LLA)

LIPITOR also significantly decreased the relative risk for revascularization procedures by 42% (incidences of 1.4% for LIPITOR and 2.5% for placebo). Although the reduction of fatal and non-fatal strokes did not reach a pre-defined significance level (p=0.01), a favorable trend was observed with a 26% relative risk reduction (incidences of 1.7% for LIPITOR and 2.3% for placebo). There was no significant difference between the treatment groups for death due to cardiovascular causes (p=0.51) or noncardiovascular causes (p=0.17).

In the Collaborative Atorvastatin Diabetes Study (CARDS), the effect of LIPITOR on cardiovascular disease (CVD) endpoints was assessed in 2838 subjects (94% white, 68% male), ages 40–85 years (mean of 63 years), with TC levels ≤200 mg/dL and LDL levels ≤130 mg/dL and TG levels ≤200 mg/dL. In addition to diabetes, subjects had 1 or more of the following risk factors: current smoking (23%), hypertension (30%), retinopathy (30%), or macroalbuminuria (9%) or microalbuminuria (3%). No subjects on hemodialysis were enrolled in the study. In this multicenter, placebo-controlled, double-blind clinical trial, subjects were randomly allocated to either LIPITOR 10 mg daily (n=1168) or placebo (n=1173), using a covariate adaptive method which took into account the distribution of baseline characteristics of patients already enrolled and minimized the imbalance of those characteristics across the groups. Patients were followed for a median duration of 3 years.

The effect of 10 mg/day of LIPITOR on lipid levels was similar to that seen in previous clinical trials.

LIPITOR significantly reduced the rate of coronary events [either fatal coronary heart disease (46 events in the placebo group vs. 40 events in the LIPITOR group) or non-fatal MI (108 events in the placebo group vs. 90 events in the LIPITOR group)] by 25% in 2.7 years of treatment. The risk reduction was consistent regardless of age, smoking status, obesity, or presence of renal dysfunction. The effect of LIPITOR was seen regardless of baseline LDL levels. Due to the small number of events, results for women were inconclusive.

### Figure 1: Effect of LIPITOR 10 mg/day on Cumulative Incidence of Non-Fatal Myocardial Infarction or Coronary Heart Disease Death (in ASCOT-LLA)
Baseline characteristics of subjects were: mean age of 62 years, mean HbA1c 7.7%; median LDL-C 120 mg/dL; median TC 207 mg/dL; median TG 151 mg/dL; median HDL-C 52 mg/dL.

The effect of LIPITOR 10 mg/day on lipid levels was similar to that seen in previous clinical trials. LIPITOR significantly reduced the rate of major cardiovascular events (primary endpoint events) (83 events in the LIPITOR group vs. 127 events in the placebo group) with a relative risk reduction of 37%, HR 0.63, 95% CI (0.48, 0.83) (p=0.001) (see Figure 2). An effect of LIPITOR was seen regardless of age, sex, or baseline lipid levels.

LIPITOR significantly reduced the risk of stroke by 48% (21 events in the LIPITOR group vs. 39 events in the placebo group), HR 0.52, 95% CI (0.31, 0.89) (p=0.016) and reduced the risk of MI by 42% (38 events in the LIPITOR group vs. 64 events in the placebo group), HR 0.58, 95% CI (0.39, 0.86) (p=0.007). There was no significant difference between the treatment groups for angina, revascularization procedures, and acute CHD death.

There were 61 deaths in the LIPITOR group vs. 82 deaths in the placebo group (HR 0.73, p=0.059).

In the Treating to New Targets Study (TNT), the effect of LIPITOR 80 mg/day vs. LIPITOR 10 mg/day on the reduction in cardiovascular events was assessed in 10,001 subjects (94% white, 81% male, 38% ≥65 years) with clinically evident coronary heart disease who had achieved a target LDL-C level <130 mg/dL and were assigned to either 10 mg/day or 80 mg/day of LIPITOR and followed for a median duration of 4.9 years. The primary endpoint was the time-to-first occurrence of any of the following major cardiovascular events (MACE): death due to CHD, non-fatal myocardial infarction, resuscitated cardiac arrest, and fatal and non-fatal stroke. The mean LDL-C, TC, TG, non-HDL, and HDL cholesterol levels at 12 weeks were 73, 145, 128, 98, and 47 mg/dL during treatment with 80 mg of LIPITOR and 99, 177, 152, 129, and 48 mg/dL during treatment with 10 mg of LIPITOR.

Treatment with LIPITOR 80 mg/day significantly reduced the rate of MACE (434 events in the 80 mg/day group vs. 548 events in the 10 mg/day group) with a relative risk reduction of 22%, HR 0.78, 95% CI (0.69, 0.89), p=0.0002 (see Figure 3 and Table 6). The overall risk reduction was consistent regardless of age (<65, ≥65) or gender.

LIPITOR reduces total-C, LDL-C, VLDL-C, apo B, and TG, and increases HDL-C in patients with hyperlipidemia, in men and women, and in the elderly.

In the Incremental Decrease in Endpoints Through Aggressive Lipid Lowering Study (IDEAL), treatment with LIPITOR 80 mg/day was compared to treatment with simvastatin 20–40 mg/day in 8,888 subjects with up to 80 years of age with a history of CHD to assess whether reduction in CV risk could be achieved. Patients were mainly male (81%), white (99%) with an average age of 61.7 years, and an average LDL-C of 142, 205, 177, 152, and 47 mg/dL during treatment with 80 mg of LIPITOR and 105, 179, 142, 47, and 132 mg/dL during treatment with 20–40 mg of simvastatin.

There was no significant difference between the treatment groups for all-cause mortality (Table 6). The proportions of subjects who experienced cardiovascular death, including the components of CHD death and fatal stroke, were numerically smaller in the LIPITOR 80 mg group than in the LIPITOR 10 mg treatment group.

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LIPITOR reduces total-C, LDL-C, VLDL-C, apo B, and TG, and increases HDL-C in patients with hyperlipidemia (heterozygous familial and nonfamilial) and mixed dyslipidemia (Fredrickson Types Ila and IIb). Therapeutic response is seen within 2 weeks, and maximum response is usually achieved within 4 weeks and maintained during chronic therapy.

LIPITOR is effective in a wide variety of patient populations with hyperlipidemia, with and without hypertriglyceridemia, in men and women, and in the elderly.
In three multicenter, double-blind studies in patients with hyperlipidemia, LIPITOR was compared to other and LDL-C/HDL-C. The pooled data demonstrated consistent and significant decreases in total-C, LDL-C, TG, total-C/HDL-C, and non-HDL-C/HDL-C.

In patients with Fredrickson Types IIa and IIb hyperlipoproteinemia pooled from 24 controlled trials, the median (25th and 75th percentile) percent changes from baseline in HDL-C for LIPITOR 10, 20, 40, and 80 mg were 6.4 (-1.4, 14), 8.7 (0, 17), 7.8 (0, 16), and 5.1 (-2.7, 15), respectively. Additionally, analysis of the pooled data demonstrated consistent and significant decreases in total-C, LDL-C, TG, total-C/HDL-C, and LDL-C/HDL-C.

In three multicenter, double-blind studies in patients with hyperlipidemia, LIPITOR was compared to other atorvastatin. After randomization, patients were treated for 16 weeks with either LIPITOR 10 mg per day or a fixed dose of the comparator agent (Table 8).

### TABLE 7. Dose Response in Patients With Primary Hyperlipidemia (Adjusted Mean % Change From Baseline)*

<table>
<thead>
<tr>
<th>Dose</th>
<th>N</th>
<th>TC</th>
<th>LDL-C</th>
<th>Apo B</th>
<th>TG</th>
<th>HDL-C</th>
<th>Non-HDL-C/HDL-C</th>
</tr>
</thead>
<tbody>
<tr>
<td>Placebo</td>
<td>21</td>
<td>4</td>
<td>4</td>
<td>3</td>
<td>10</td>
<td>-3</td>
<td>7</td>
</tr>
<tr>
<td>10</td>
<td>22</td>
<td>29</td>
<td>39</td>
<td>-32</td>
<td>-33</td>
<td>29</td>
<td>6</td>
</tr>
<tr>
<td>20</td>
<td>20</td>
<td>33</td>
<td>43</td>
<td>-35</td>
<td>6</td>
<td>29</td>
<td>9</td>
</tr>
<tr>
<td>40</td>
<td>21</td>
<td>37</td>
<td>-50</td>
<td>-42</td>
<td>29</td>
<td>6</td>
<td></td>
</tr>
<tr>
<td>80</td>
<td>23</td>
<td>-45</td>
<td>-60</td>
<td>-50</td>
<td>-37</td>
<td>5</td>
<td></td>
</tr>
<tr>
<td>Placebo</td>
<td>21</td>
<td>4</td>
<td>4</td>
<td>3</td>
<td>10</td>
<td>-3</td>
<td>7</td>
</tr>
<tr>
<td>10</td>
<td>22</td>
<td>29</td>
<td>39</td>
<td>-32</td>
<td>-33</td>
<td>29</td>
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<td>33</td>
<td>43</td>
<td>-35</td>
<td>6</td>
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<td>9</td>
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<tr>
<td>40</td>
<td>21</td>
<td>37</td>
<td>-50</td>
<td>-42</td>
<td>29</td>
<td>6</td>
<td></td>
</tr>
<tr>
<td>80</td>
<td>23</td>
<td>-45</td>
<td>-60</td>
<td>-50</td>
<td>-37</td>
<td>5</td>
<td></td>
</tr>
</tbody>
</table>

### TABLE 8. Mean Percentage Change From Baseline at Endpoint (Double-Blind, Randomized, Active-Controlled Trials)

<table>
<thead>
<tr>
<th>Treatment (Daily Dose)</th>
<th>N</th>
<th>Total-C</th>
<th>TG</th>
<th>HDL-C</th>
<th>Apo B</th>
<th>Non-HDL-C/HDL-C</th>
</tr>
</thead>
<tbody>
<tr>
<td>Placebo</td>
<td>12</td>
<td>45</td>
<td>-36</td>
<td>37</td>
<td>-23</td>
<td>-10</td>
</tr>
<tr>
<td>LIPITOR 10 mg</td>
<td>222</td>
<td>22</td>
<td>-60</td>
<td>-50</td>
<td>-30</td>
<td>-15</td>
</tr>
<tr>
<td>LIPITOR 20 mg</td>
<td>191</td>
<td>-9</td>
<td>-27</td>
<td>-20</td>
<td>6</td>
<td>-28</td>
</tr>
<tr>
<td>Pravastatin 20 mg</td>
<td>191</td>
<td>-9</td>
<td>-27</td>
<td>-20</td>
<td>6</td>
<td>-28</td>
</tr>
<tr>
<td>Study 2</td>
<td>122</td>
<td>22</td>
<td>-60</td>
<td>-50</td>
<td>-30</td>
<td>-15</td>
</tr>
<tr>
<td>Study 3</td>
<td>191</td>
<td>-9</td>
<td>-27</td>
<td>-20</td>
<td>6</td>
<td>-28</td>
</tr>
</tbody>
</table>

### TABLE 9. Combined Patients With Isolated Elevated TG: Median (min, max)

<table>
<thead>
<tr>
<th>Placebo</th>
<th>LIPITOR 10 mg (N=37)</th>
<th>LIPITOR 20 mg (N=15)</th>
<th>LIPITOR 80 mg (N=14)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Triglycerides</td>
<td>-1.2 (-36.2, 82.7)</td>
<td>-1.2 (-36.2, 82.7)</td>
<td>-1.2 (-36.2, 82.7)</td>
</tr>
<tr>
<td>Total-C</td>
<td>2.3 (15.5, 24.4)</td>
<td>2.3 (15.5, 24.4)</td>
<td>2.3 (15.5, 24.4)</td>
</tr>
<tr>
<td>LDL-C</td>
<td>3.6 (-31.3, 31.6)</td>
<td>3.6 (-31.3, 31.6)</td>
<td>3.6 (-31.3, 31.6)</td>
</tr>
<tr>
<td>HDL-C</td>
<td>3.8 (-18.6, 13.4)</td>
<td>3.8 (-18.6, 13.4)</td>
<td>3.8 (-18.6, 13.4)</td>
</tr>
<tr>
<td>VLDL-C</td>
<td>-4.8 (-85.8, 57.3)</td>
<td>-4.8 (-85.8, 57.3)</td>
<td>-4.8 (-85.8, 57.3)</td>
</tr>
<tr>
<td>non-HDL-C</td>
<td>-2.8 (-17.6, 30.0)</td>
<td>-2.8 (-17.6, 30.0)</td>
<td>-2.8 (-17.6, 30.0)</td>
</tr>
</tbody>
</table>

### TABLE 10. Open-Label Crossover Study of 16 Patients With Dysbetalipoproteinemia (Fredrickson Type III)

<table>
<thead>
<tr>
<th>Treatment</th>
<th>Median % Change (min, max)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Placebo</td>
<td>-3 (-85, 17)</td>
</tr>
<tr>
<td>LIPITOR</td>
<td>10 mg</td>
</tr>
<tr>
<td>LIPITOR</td>
<td>80 mg</td>
</tr>
<tr>
<td>HDL-C</td>
<td>-8 (-90, -31)</td>
</tr>
<tr>
<td>Apo B</td>
<td>-8 (-90, -31)</td>
</tr>
<tr>
<td>LDL-C</td>
<td>-8 (-90, -31)</td>
</tr>
<tr>
<td>VLDL-C</td>
<td>-8 (-90, -31)</td>
</tr>
<tr>
<td>non-HDL-C</td>
<td>-8 (-90, -31)</td>
</tr>
</tbody>
</table>
17 PATIENT COUNSELING INFORMATION

Advise the patient to read the FDA-approved patient labeling (Patient Information).

Patients taking LIPITOR should be advised that cholesterol is a chronic condition and they should adhere to their medication along with their National Cholesterol Education Program (NCEP)-recommended diet, a regular exercise program as appropriate, and periodic testing of a fasting lipid panel to determine goal attainment.

Patients should be advised about substances they should not take concomitantly with atorvastatin [see Warnings and Precautions (5.1)]. Patients should also be advised to inform other healthcare professionals prescribing a new medication that they are taking LIPITOR.

17.1 Muscle Pain
All patients starting therapy with LIPITOR should be advised of the risk of myopathy and told to report promptly any unexplained muscle pain, tenderness, or weakness particularly if accompanied by malaise or fever or if these muscle signs or symptoms persist after discontinuing LIPITOR. The risk of this occurring is increased when taking certain types of medication or consuming larger quantities (>1 liter) of grapefruit juice. They should discuss all medication, both prescription and over the counter, with their healthcare professional.

17.2 Liver Enzymes
It is recommended that liver enzyme tests be performed before the initiation of LIPITOR and if signs or symptoms of liver injury occur. All patients treated with LIPITOR should be advised to report promptly any symptoms that may indicate liver injury, including fatigue, anorexia, right upper abdominal discomfort, dark urine, or jaundice.

17.3 Embryofetal Toxicity
Advise females of reproductive potential of the risk to a fetus, to use effective contraception during treatment and to inform their healthcare provider of a known or suspected pregnancy [see Contraindications (4) and Use in Specific Populations (8.1, 8.3)].

17.4 Lactation
Advise women not to breastfeed during treatment with LIPITOR [see Contraindications (4) and Use in Specific Populations (8.2)].

This product’s label may have been updated. For current full prescribing information, please visit www.pfizer.com.
Some medicines should not be taken with LIPITOR. Tell your doctor about all the medicines you take, including prescription and non-prescription medicines, vitamins, and herbal supplements. LIPITOR and certain other medicines can interact causing serious side effects. Especially tell your doctor if you take medicines for:

- your immune system
- cholesterol
- infections
- birth control
- heart failure
- HIV or AIDS
- hepatitis C virus

Know all the medicines you take. Keep a list of them with you to show your doctor and pharmacist.

### How Should I Take LIPITOR?

- Take LIPITOR exactly as prescribed by your doctor. Do not change your dose or stop LIPITOR without talking to your doctor. Your doctor may do blood tests to check your cholesterol levels during your treatment with LIPITOR. Your dose of LIPITOR may be changed based on these blood test results.
- Take LIPITOR each day at any time of day at about the same time each day. LIPITOR can be taken with or without food.

Don’t break LIPITOR tablets before taking.

- Your doctor should start you on a low-fat diet before giving you LIPITOR. Stay on this low-fat diet when you take LIPITOR.
- If you miss a dose of LIPITOR, take it as soon as you remember. Do not take LIPITOR if it has been more than 12 hours since you missed your last dose. Wait and take the next dose at your regular time. Do not take 2 doses of LIPITOR at the same time.
- If you take too much LIPITOR or overdose, call your doctor or Poison Control Center right away. Or go to the nearest emergency room.

### What are the Possible Side Effects of LIPITOR?

LIPITOR can cause serious side effects. These side effects have happened only to a small number of people. Your doctor can monitor you for them. These side effects usually go away if your dose is lowered or LIPITOR is stopped. These serious side effects include:

- **Muscle problems.** LIPITOR can cause serious muscle problems that can lead to kidney problems, including kidney failure. You have a higher chance for muscle problems if you are taking certain other medicines with LIPITOR.
- **Liver problems.** Your doctor should do blood tests to check your liver before you start taking LIPITOR and if you have symptoms of liver problems while you take LIPITOR. Call your doctor right away if you have the following symptoms of liver problems:
  - feel tired or weak
  - loss of appetite
  - upper belly pain
  - dark amber colored urine
  - yellowing of your skin or the whites of your eyes

### Call your doctor right away if you have:

- muscle problems like weakness, tenderness, or pain that happen without a good reason, especially if you also have a fever or feel more tired than usual. This may be an early sign of a rare muscle problem.
- muscle problems that do not go away even after your doctor has advised you to stop taking LIPITOR. Your doctor may do further tests to diagnose the cause of your muscle problems.
- allergic reactions including swelling of the face, lips, tongue, and/or throat that may cause difficulty in breathing or swallowing which may require treatment right away.
- nausea and vomiting.
- passing brown or dark-colored urine.
- you feel more tired than usual.
- your skin and whites of your eyes get yellow.
- stomach pain.
- allergic skin reactions.

In clinical studies, patients reported the following common side effects while taking LIPITOR: diarrhea, upset stomach, muscle and joint pain, and alterations in some laboratory blood tests.

The following additional side effects have been reported with LIPITOR: tiredness, tendon problems, memory loss, and confusion.

Talk to your doctor or pharmacist if you have side effects that bother you or that will not go away.

These are not all the side effects of LIPITOR.

Ask your doctor or pharmacist for a complete list.

### How do I store LIPITOR?

- Store LIPITOR at room temperature, 68 to 77°F (20 to 25°C).
- Do not keep medicine that is out of date or that you no longer need.
- Keep LIPITOR and all medicines out of the reach of children. Be sure that if you throw medicine away, it is out of the reach of children.

### General Information About LIPITOR

Medicines are sometimes prescribed for conditions that are not mentioned in patient information leaflets. Do not use LIPITOR for a condition for which it was not prescribed. Do not give LIPITOR to other people, even if they have the same problem you have. It may harm them.

This leaflet summarizes the most important information about LIPITOR. If you would like more information, talk with your doctor. You can ask your doctor or pharmacist for information about LIPITOR that is written for health professionals. Or you can go to the LIPITOR website at www.lipitor.com.

### What are the Ingredients in LIPITOR?

**Active Ingredient:** atorvastatin calcium

**Inactive Ingredients:** calcium carbonate, USP; candellila wax, FCC; croscarmellose sodium, NF; hydroxypropyl cellulose, NF; lactose monohydrate, NF; magnesium stearate, NF; microcrystalline cellulose, NF; Opadry White YS-1–7040 (hypromellose, polyethylene glycol, talc, titanium dioxide); polysorbate 80, NF; simethicone emulsion.

**Dosage Form:** Tablets (LIP-ih-tore))

**Packaging:** Parke-Davis

Distributed by Pfizer Inc., NY, NY 10017

**LAB-0348-10.0**

**April 2019**