Fasting Lipid Goals (mg/dL)
- LDL-C < 100 mg/dL
  - < 70 if 1+ CV risk factors
  - or 50% reduction from baseline
- TG < 150 mg/dL

Determine Baseline Lipid Profile at Initial Evaluation or at age 40
(If lipids are at goal, reevaluate every 1-2 years)

Evaluate and treat secondary causes of dyslipidemia:
- Uncontrolled diabetes
- Hepatic disease
- Nephrotic syndrome
- Chronic kidney disease
- Hypothyroidism
- Alcohol
- Estrogens
- Anabolic steroids
- Drugs including thiazides, beta-blockers, retinoid drugs

Begin TLC:
- TG > 150 mg/dL
  - omega-3 fatty acids, fiber, optimize glycemic control
- TG > 200-499
  - As above and add Statin
  - or if
  - TG ≥ 500 mg/dL
  - As above + add fibrate or prescription omega-3 fatty acids
  - and/or refer to lipid specialist

TLC = Therapeutic Lifestyle Changes:
- Refer to Medical Nutrition Therapy,
- Weight Loss & Exercise,
- Glucose control algorithms
- Smoking cessation

HMG = Co-A Reductase Inhibitor
TG = Triglycerides
PCSK-9 = Proprotein convertase subtilisin/kexin-type

Footnotes:
1 Add 30 mg/dL to each LDL-C value for Non-HDL-C goals
2 Exceptions: No statin therapy if < 40 yrs age and no cardiovascular disease and no risk factors
   Moderate dose statin if age 40-75 and no CVD and no risk factors
   Risk Factors: LDL ≥ 100 mg/dL, HTN, smoking, overweight/obesity
3 Consider moderate dose statin if < 40 with risk factors or > 75 with or without risk factors
4 Alternate day dosing of a statin may be as effective as daily use
5 Statin + niacin not recommended
6 Fenofibrate, but not gemfibrozil, may be added to atorvastatin
7 PCSK-9 inhibitors are indicated only for patients with atherosclerotic cardiovascular disease or familial hypercholesterolemia
8 Sanofi and Amgen package inserts
9 Sanofi package insert
10 PCSK-9 Alirocumab can be up-titrated

1 or 3 – Lipid Algorithm For Type 1 and Type 2 Diabetes Mellitus in Adults – Revised 01/28/16

See disclaimer at www.tdctoolkit.org/algorithms_and_guidelines.asp
HMG CO-A REDUCTASE INHIBITORS AND PCSK-9 INHIBITORS EQUVALENCY IN PATIENTS WITH HYPERCHOLESTEROLEMIA

<table>
<thead>
<tr>
<th>FLUVASTATIN</th>
<th>PRAVASTATIN</th>
<th>LOVASTATIN</th>
<th>PITAVASTATIN</th>
<th>SIMVASTATIN</th>
<th>ATORVASTATIN</th>
<th>ROSUVASTATIN</th>
<th>EZETIMIBE/SIMVASTATIN</th>
<th>Ezetimibe/Atorvastatin</th>
<th>PCSK-9</th>
<th>Approximate % LDL ↓</th>
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60-70%


ADA Standards of Medical Care in diabetes. Diabetes Care 2015;38(suppl1):S51-54


