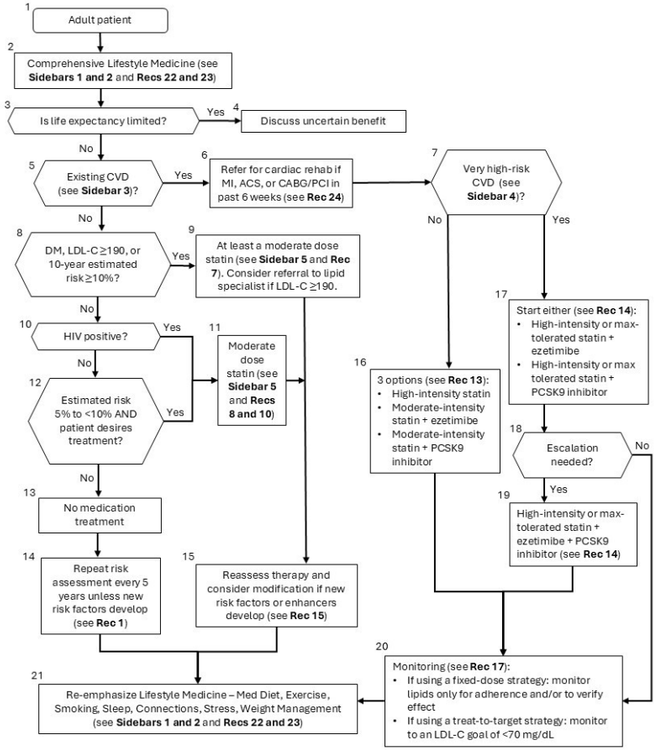
VA/DOD CLINICAL PRACTICE GUIDELINES

Lipid Management for Cardiovascular Disease Risk Reduction

Management Algorithm*



*Values for estimated risk are based on the PREVENT risk assessment tool.

Sidebar 1: Comprehensive Lifestyle Medicine

- Increase physical activity (aerobic and resistance exercise) that maximizes what the patient is willing and able to achieve
  - The stated goals of minutes per week are 150 minutes of moderate-intensity physical activity OR 75 minutes of vigorous-intensity physical activity OR an equivalent combination.
- Choose a healthy dietary pattern (e.g., Mediterranean diet)
- Sleep 7-8 hours/night
- Socialize: forge and embrace social connections
- Quit using tobacco and nicotine
- Minimize alcohol consumption
- Manage stress
- Address overweight and obesity

Sidebar 2: Mediterranean and Other Cardioprotective Diets

Emphasize	Limit
Fruits and vegetables	Added sugar
Whole grains	Sugar-sweetened beverages
Seafood (primarily fatty fish)	Sodium
Skinless poultry	Highly processed foods
Tree nuts, seeds, peanuts, nut butters	Refined carbohydrates
Beans and legumes	Saturated fats
Non-tropical vegetable oils (olive, canola, avocado, etc.)	Tropical vegetable oils (coconut, palm, etc.)
Low-fat diary products (milk, cheese)	High-fat and processed meats
	Alcoholic beverages

Sidebar 3: ASCVD (Secondary Prevention)

- MI or ACS
- CABG/PCI
- Stable CAD
- CVA/TIA due to atherosclerosis
- PAD
- Does **not** include asymptomatic atherosclerosis on imaging (e.g., CCTA, CAC, catheterization)

Sidebar 4: Very High-Risk CVD Patients

- MI or ACS in past 12 months on lipid-lowering therapy; or
- Recurrent ACS, MI, or atherosclerotic CVA on lipid-lowering therapy; or
- ASCVD and LDL-C ≥70 mg/dL on lipid-lowering therapy

Sidebar 5: Statin Intensity

Generic Name	Moderate Intensity	High Intensity
Rosuvastatin	5 – 10 mg	20 – 40 mg
Atorvastatin	10 – 20 mg	40 – 80 mg
Fluvastatin	80 mg (XL) or 40 mg BID	N/A
Lovastatin	40 – 80 mg	N/A
Pitavastatin	1 – 4 mg	N/A
Pravastatin	40 – 80 mg	N/A
Simvastatin	20 – 40 mg	N/A

Intensified patient care (e.g., phone calls, emails, patient education, drug regimen simplification) may improve adherence to lipid-lowering medications.

DECEMBER 2025

Sidebar 6: For Statin Intolerance**

1. Washout period (e.g., 1 month) followed by the same or a different statin; continue other lipid-lowering therapy
2. Lower dose or nondaily dosing (e.g., every other day or 2-3 days per week) of statin (see **Recommendation 18**)
3. Consider initiating bempedoic acid, ezetimibe, fibrates, or PCSK9 mAb inhibitors in patients unable to take a statin (see **Recommendation 19**)

Sidebar 7: Novel Risk Markers

- Suggest checking Lp(a) to identify intrinsic enhanced risk (see **Recommendation 5**)
- Not recommended to routinely measure CAC in patients with low risk (see **Recommendation 4**)
- Suggest CAC measurement in patients with intermediate to high risk who question the need for therapy (see **Recommendation 3**)
- The routine measurement of hs-CRP, ApoB, PRS, TPA, or ABI is not useful to refine risk (see **Recommendation 6**)

Sidebar 8: Elevated Triglycerides for Secondary CVD Prevention

- Consider secondary causes of elevated triglycerides†
- If triglycerides are persistently elevated (≥150 mg/dL) despite maximally tolerated statin, then consider icosapent ethyl 2 g BID (see **Recommendation 16**)
- Modify diet

Abbreviations: ABI: ankle brachial index; ApoB: apolipoprotein B; ACS: acute coronary syndrome; ASCVD: atherosclerotic cardiovascular disease; BID: twice per day; CABG: coronary artery bypass grafting; CAC: coronary artery calcium; CAD: coronary artery disease; CCTA: coronary computed tomography angiography; CVA: cerebrovascular accident; CVD: cardiovascular disease; dL: deciliter; DM: diabetes mellitus; g: gram; hs-CRP: high-sensitivity C-reactive protein; LDL-C: low-density lipoprotein cholesterol; Lp(a): lipoprotein(a); mAb: monoclonal antibody; mg: milligram; MI: myocardial infarction; PAD: peripheral arterial disease; PCI: percutaneous coronary intervention; PCSK9: proprotein convertase subtilisin/kexin type 9; PREVENT: Predicting Risk of Cardiovascular Disease Events; PRS: polygenic risk scores; TIA: transient ischemic attack; TPA: total carotid plaque area; XL: sustained release

Recommendations can be accessed in the full guideline: https://www.healthquality.va.gov/.

** Other groups have described in more detail additional management strategies for statin intolerance; for example: the VA's Management of Statin Intolerance Clinician Fact Sheet IB 10-1695; † Secondary causes defined as co-occurring conditions, alcoholic intake, and medications that can contribute to elevated triglycerides (e.g., hormones, immune-related, beta blockers, thiazide/loop diuretics, bile acid sequestrants, atypical antipsychotics, isotretinoin).