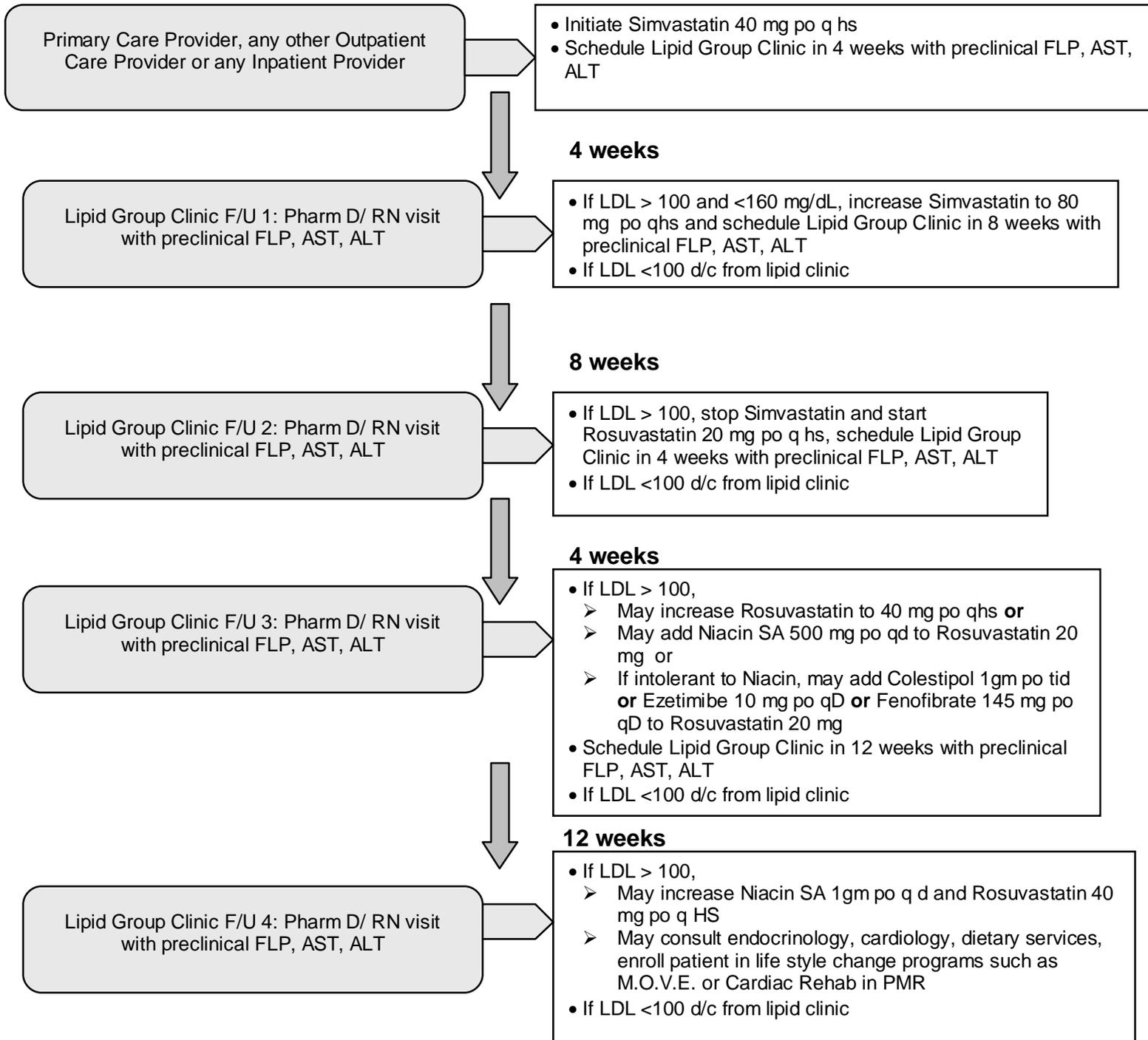


ALGORITHM 1

High Risk Patients: Patients with History of CAD, DM (DM without known atherosclerotic disease[§]), CVA, Vascular Disease, or Patients with More than 3 Cardiac Risk Factors

If LDL > 100 and <160 mg/dL



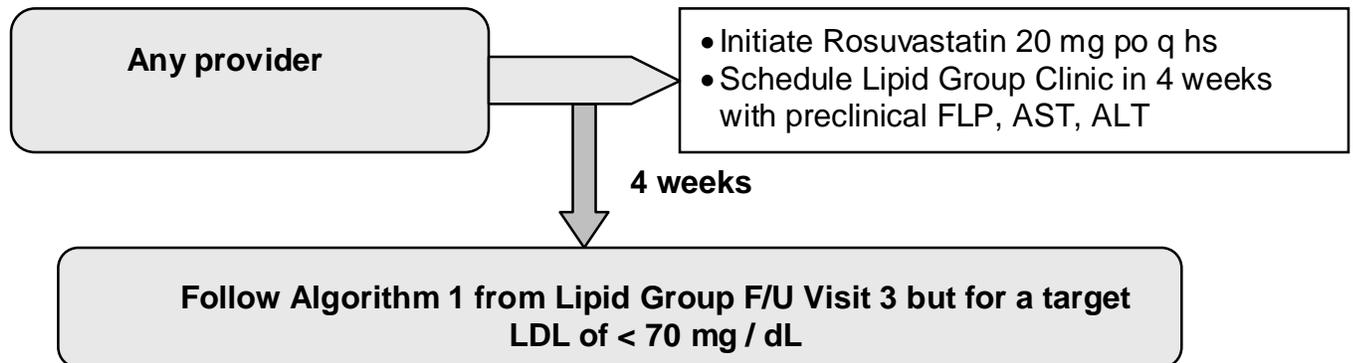
- ❖ **All lipid lowering medications should be prescribed for immediate pick up only**
- ❖ **Rosuvastatin nonformulary drug orders to be approved URGENTLY**

[§] Patients with DM and known atherosclerotic disease, please refer to Algorithm 2
FLP: Fasting Lipid Profile

ALGORITHM 2

- **High Risk Patients with LDL > 160 mg/dL** (see Algorithm 1 for definition of high risk), **or**
- **DM with Atherosclerotic Disease with LDL > 100 mg/dL, or**
- **Inpatients Admitted with Acute Coronary Syndrome with LDL > 100 mg/dL**

For these Patients Target LDL is < 70 mg/dL



- ❖ **All lipid lowering medications should be prescribed for immediate pick up only**
- ❖ **Rosuvastatin nonformulary drug orders to be approved URGENTLY**

ALGORITHM 3

Patient intolerant to statins due to

- Documented LFT rise > 3x NL or
- Myositis with CK rise (see definition below)

- **MYOSITIS with CK Rise:** If myositis is present or strongly suspected, discontinue the specific statin and obtain a CK and a TSH.
 - **Patient with muscle soreness, tenderness, or pain AND CK > 10 x NL:** *Discontinue the specific statin therapy (or statin and niacin or fibrate if the patient is on combination therapy) and follow the algorithm below*
 - **Patient with muscle soreness, tenderness, or pain AND CK > 3 to 10 x NL:** *Follow the patient's symptoms and CK levels weekly until there is no longer medical concern . May consider switching the statin by algorithm below or may reduce the statin dose and re-uptitrate / re-challenge if tolerated.*
 - **Patient with muscle soreness, tenderness, or pain but NL CK or very mildly elevated CK up to 3 x NL :** *May continue statin, rule out common causes such as exercise or strenuous work.*

