Lipid & Aspirin Therapy in Type 2 Diabetes

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Lipid Therapy in Type 2 Diabetes

Please Note: This algorithm is **not** intended for treatment and target selection in children <18 years of age or in women who are or could become pregnant.

► Obtain a fasting lipid panel in patients with diabetes
- at diagnosis of diabetes or initial diabetes visit;
- at least every 5 years if age <40 years, annually after 40; and
- at initiation of statin therapy and after dosing changes.

► Provide lifestyle therapy to all patients with diabetes (individualized nutrition therapy, physical activity, and weight loss guidance).

► Evaluate for statin therapy
- Secondary Prevention:
  Prescribe high intensity statin therapy for patients with diabetes and ASCVD[1].
- Primary Prevention:
  Use the following table to guide statin therapy and dosing for people with diabetes and no ASCVD diagnosis.
  - Evaluate ASCVD risk factors **independent of diabetes**[2].
  - Calculate 10-year ASCVD risk for patients aged 40-75 years using the ASCVD Risk Estimator Plus at https://tools.acc.org/ASCVD-Risk-Estimator-Plus/#!/calculate/estimate/.

Age	ASCVD[1] Risk	Statin Therapy
<40 years	None	None
	One or more ASCVD risk factors[2]	Moderate or High Intensity[3]
40-75 years	None or 10-year ASCVD risk <5%	Moderate Intensity
	One or more ASCVD risk factors[2] or 10-year ASCVD risk 5-20%	Moderate or High Intensity[3]
	10-year ASCVD risk >20%	High Intensity[4]
>75 years	Individualize ASCVD risk assessment[5]	Moderate or High Intensity

1 ASCVD (atherosclerotic cardiovascular disease) is atherosclerosis affecting the vasculature that results in diseases of any of the following: heart (e.g. myocardial infarction, angina), the brain (e.g., stroke, transient ischemic attack), and the lower extremities (e.g peripheral artery disease, limb ischemia).

2 ASCVD Risk Factors **independent of diabetes** include: LDL cholesterol ≥100 mg/dL, smoking, hypertension, chronic kidney disease, albuminuria, or family history of premature ASCVD.

3 Consider high intensity statin therapy if multiple ASCVD risk factors.

4 Consider adding ezetimibe to maximally tolerated statin if ASCVD risk >20% to reduce LDL cholesterol by 50% or more from baseline.

5 Use of statin therapy for primary prevention of ASCVD in patients aged >75 years should include careful consideration of the potential risks of adverse drug events versus benefit of therapy.

Reference: American Diabetes Association Clinical Practice Recommendations

Statin Medications	Moderate Intensity Dose	High Intensity Dose
Atorvastatin	10-20 mg	40-80 mg
Rosuvastatin	5-10 mg	20-40 mg
Simvastatin	20-40 mg	Not applicable
Pravastatin	40-80 mg	Not applicable

Note: All statins are dosed daily.
Other statins include fluvastatin, lovastatin, pitavastatin (*Livalo*).

Contraindications: acute liver disease, pregnancy, nursing mothers

Safety and monitoring: Check liver function tests before initiating therapy; routine monitoring not necessary.

Statin intolerance: Usually due to side effect, such as myalgias. If unable to tolerate daily statin, there may still be benefit from a lower dose or less frequent dosing, may also consider bempedoic acid (Nexletol) 180 mg daily.

Combination therapy: In patients with ASCVD and very high risk with an LDL cholesterol ≥55 mg/dL on a maximally tolerated statin, consider the addition of **ezetimibe** 10 mg daily and/or a PCSK9 inhibitor to further reduce the risk of cardiovascular events.
- Evolocumab (*Repatha*) 140 mg SC every two weeks or 420 mg SC monthly
- Alirocumab (*Praluent*) 75-150 mg SC every two weeks or 300 mg SC monthly

Managing Elevated Triglycerides (>150 mg/dL)

- Ensure optimal blood glucose control; identify and address any secondary causes (e.g., high fat and/or high carbohydrate diet, hypothyroidism, excessive alcohol use, and medications).
- Consider initiating or increasing statin therapy when triglyceride levels >150 mg/dL to ≤500 mg/dL.
- Consider additional lipid lowering medications to reduce risk of pancreatitis if triglycerides ≥500 mg/dL (especially if ≥1,000 mg/dL).
  - Fenofibrate 120-160 mg daily
  - Omega 3 fatty acid 2 g bid
  - Icosapent ethyl (*Vascepa*) 2 g bid

Aspirin Therapy in Type 2 Diabetes

Secondary Prevention: Patients with a history of ASCVD should receive **aspirin** 75-162 mg daily if it is not contraindicated. If allergic to aspirin, consider **clopidogrel** 75 mg daily.

Primary Prevention: Consider **aspirin** 75-162 mg daily in patients with increased risk of ASCVD (e.g., age 50-70 years and one or more ASCVD risk factors) if they are not at increased risk of bleeding.

Aspirin is not recommended in patients at lower risk of ASCVD (e.g., age <50 years with no other ASCVD risk factors). Aspirin is not generally recommended in those aged >70 years due to increased bleeding risk.

Medications on the **IHS National Core Formulary** are in **BOLD** above.
Please consult a complete prescribing reference for more detailed information.
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