Patients over 21 years old and candidate for statin therapy

- Clinical atherosclerotic cardiovascular disease
  - Yes: Age ≤ 75 and candidate for high-intensity statin
    - Yes: High-Intensity Statin
      - Daily dose lowers LDL-C by approx ≥ 50%
    - No: Moderate-Intensity Statin
      - Daily dose lowers LDL-C by approx 30-50%
  - No: LDL-C ≥ 190 mg/dl
    - Yes: Type 1 or 2 Diabetes age 40-75
      - Yes: Estimated 10 yr atherosclerotic CVD risk ≥ 7.5%
        - Yes: High-Intensity Statin
        - No: Moderate-Intensity Statin
    - No: Age 40-75 Estimated 10 yr atherosclerotic CVD risk ≥ 7.5%
      - Yes: Moderate-to-High-Intensity Statin
      - No: No

If risk is 5 to < 7.5%, consider moderate intensity statin if: LDL > 160 mg/dl, family history, hs-CRP > 2, CAC > 300 or 75th percentile, ABI < .9, or high lifetime risk.


*Calcium scoring considerations are provided by Minneapolis Heart Institute® and are not part of the official ACC/AHA Guidelines.

Guidance for High-Intensity and Moderate Intensity Statin Dosing

High-Intensity Statins
- Atorvastatin 40-80 mg
- Rosuvastatin 20-40 mg

Moderate-Intensity Statins
- Atorvastatin 10–20 mg
- Rosuvastatin 5–10 mg
- Simvastatin 20–40 mg
- Pravastatin 40–80 mg
- Lovastatin 40 mg
- Fluvastatin XL 80 mg
- Fluvastatin 40 mg bid
- Pitivastatin 2–4 mg

Patients over age 75
For patients with clinical CVD, moderate-to-high intensity statins if tolerated. For all other indications, consider comorbidities, safety, and priorities of care before initiating or continuing statin therapy.

Calcium Scoring Considerations
For individuals at intermediate risk (5%-7.5%) or those who are unsure about their risk, consider calcium scoring. A CAC score of zero is associated with a low CVD event rate and those individuals are less likely to benefit from a statin therapy.* A CAC score ≥100 is associated with an elevated risk of a CVD event regardless of traditional risk factors.*

Online CVD Risk Calculator
Go to www.heart.org and search “cv risk calculator” for online web application.