## Familial hypercholesterolemia clinical management guidelines

Advise on lifestyle modifications to correct non-cholesterol ASCVD risk factors

Initiate treatment with high-intensity statin to lower LDL-C by ≥50%:

Atorvastatin 40-80 mg Rosuvastatin 20-40 mg

Titrate statin dose to goal LDL-C:
<100 mg/dL if no established ASCVD or other risk factors
<70 mg/dL if established ASCVD
Consider goal <70 mg/dL based on other ASCVD risk factors

If LDL-C remains above goal despite maximal tolerated statin therapy, consider addition of ezetimibe

If LDL-C remains above goal despite maximal tolerated statin and ezetimibe therapy, consider addition of PCSK9 inhibitor

ASCVD includes ACS in the last 12 months, history of MI, history of ischemic stroke, symptomatic peripheral artery disease, including aneurysm, all of atherosclerotic origin

ASCVD risk factors: Age ≥65 years, prior PCI, CABG, other evidence of CAD, diabetes mellitus; hypertension, CKD, current smoking, congestive heart failure; family history of premature ASCVD, elevated CAC score, Lp(a), or apoB; ABI <0.9

Adapted from ACC/AHA 2018 Cholesterol Clinical Practice Guidelines, Circulation 2018 and GF Watts, et al. Int J Cardiol 2014.