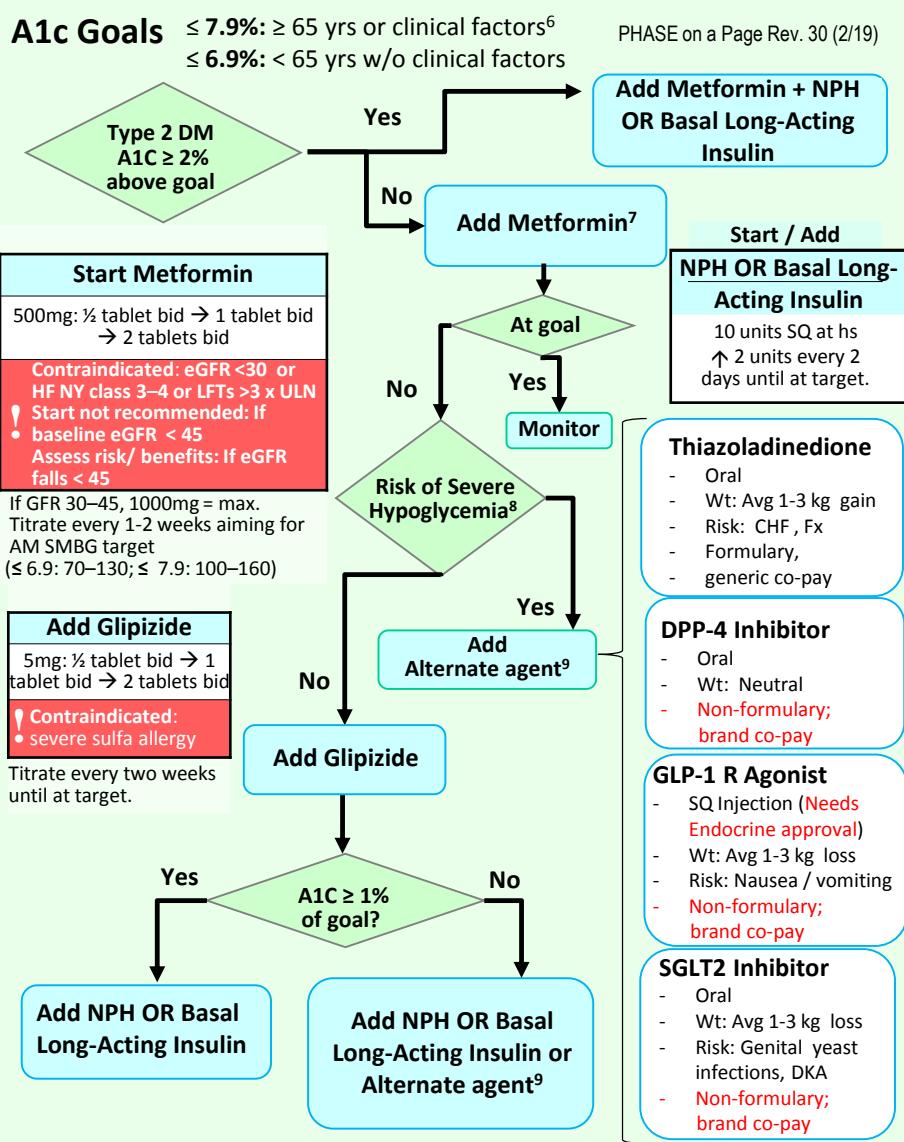
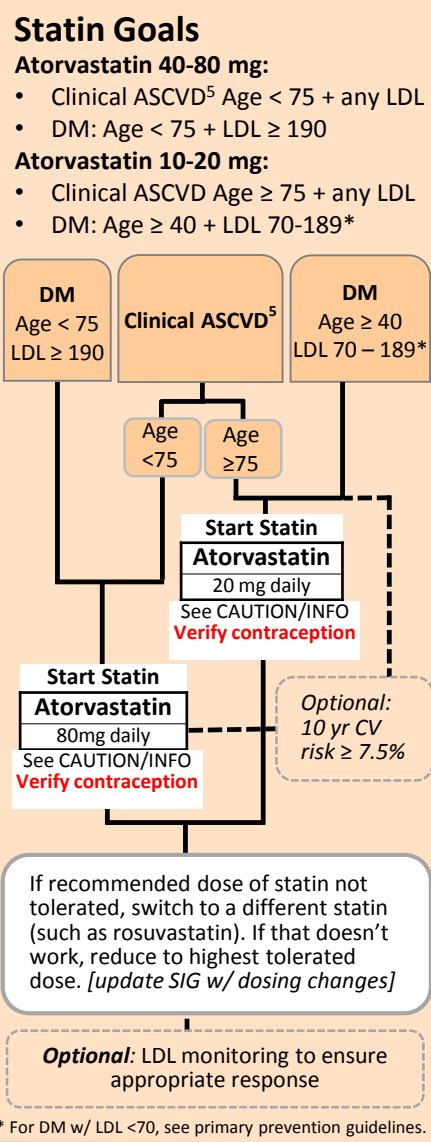
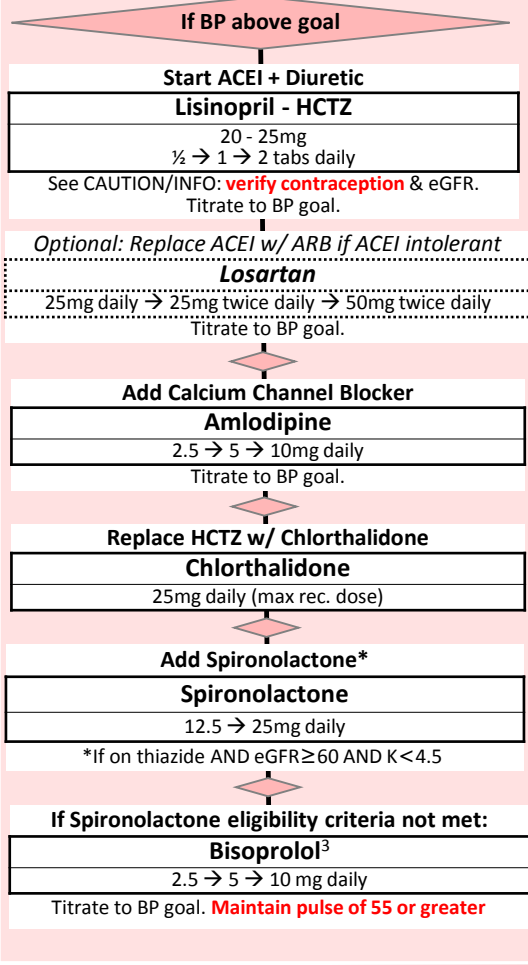


Implement lifestyle interventions (continue through management) including:
 Physical activity 30m/d DASH; dietary Na 1.8-2.4g/d Tobacco cessation
 Weight control; BMI <25 Limit ETOH

BP Goals ¹ (in mm/ Hg)	Conventional Office	AOBP or Avg ² Home Reading
All Adults Strong Rec.	≤ 139 / 89	≤ 134 / 84
If: ≥ 75 yrs, eGFR 20 – 59 mL/min, ASCVD or ≥10% 10-yr ASCVD risk	Consider ≤ 129/89	Consider ≤ 129 / 84



¹ BP algorithm applies if eGFR ≥ 20 and if LVEF ≥ 40%.
² Automated Office BP (AOBP) avg. is the avg. of 3 readings measured with the patient unobserved using an AOBP device.

³ Beta Blockers, independent of their mild anti-hypertensive effect, are sometimes indicated for secondary cardio-protection
 Adapted from KPNC CPG for: CAD, DM, Cholesterol, HTN, HF and Stroke
 Complete guidelines, including updated guidelines on the Dx of HTN, can be found in the Clinical Library at <http://cl.kp.org>
 Contact: Jonathan Lee, Sr Consulting Assoc., Regional Health Ed.
 Design: Vince Rowell, Quality and Operations Support
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⁵ Clinical Atherosclerotic Cardiovascular Disease (ASCVD), e.g. CAD, TIA/CVA, Symptomatic PAD.
⁶ Individualize A1c goal based on hypoglycemia risk, duration of DM, life expectancy, co-morbidities, vascular complications, member resources and support system.
⁷ If intolerant to immediate release metformin, **strongly** consider sustained release metformin.
⁸ **Severe Hypoglycemia** = Hypoglycemia resulting in / likely to result in seizures, loss of consciousness, or needing help from others. **Mild to moderate hypoglycemia** = Symptoms of neuro-glycopenia such as hunger or sweating that the patient can effectively self-treat.
⁹ A1c above goal 3+ months despite non-insulin agents, **strongly** consider discontinuing ineffective medications and initiating **insulin + metformin**.

Cardiovascular Risk Management Medications and Lab Chart Rev. 27 (07/18)

PHASE POPULATIONS

CAD Symptomatic **PAD**

CVA/TIA Ischemic

ASA: If 10 y CV risk > 10% ages 50-

DM 59 ASA recommended; if 10 y CV risk > 10% ages 60-69 consider ASA

PHASE MEDICATIONS & CAUTIONS

ASA

ASA	81mg daily
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CAUTION/INFO If ASA intolerant: Clopidogrel : CAD, Sx PAD

ACEI

Lisinopril	10mg daily
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CAUTION/INFO Verify effective contraception in women of childbearing potential: Use Chlorthalidone or HCTZ.

Use ACEI with caution: eGFR <30, K >5.5 ARB may be inappropriate : Hx of Angioedema, renal failure or hyperkalemia on ACEI.

STATIN

- Clinical ASCVD³ Age < 75 + any LDL
- DM: Age < 75 + LDL ≥ 190

Atorvastatin	40–80mg daily
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- Clinical ASCVD Age ≥ 75 + any LDL
- DM: Age ≥ 40 + LDL 70-189**

Atorvastatin OR	10-20mg daily
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Rosuvastatin	10-20mg daily
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CAUTION/INFO Verify effective contraception in women of childbearing potential.

BETA BLOCKER – FOR CAD/Sx PAD

Atenolol	25mg daily
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CAUTION / INFO Use with caution: HR <55, asthma, hypotension.

** For DM w/ LDL <70, see primary prevention guidelines.

Drug info site: <http://pharmacy.kp.org>

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BP	Preferred Dosage Forms	Max. Rec. Dose	Optimal Titration Interval	Baseline Labs	Titration
ACE Inhibitor - Diuretic Lisinopril - HCTZ (Prinzide®) F	Tab 20 / 25mg	40 / 50mg daily	2 weeks	K+ and SCr. < 6 months (Na+ optional)	K+ and SCr. 1 week after initiation or dosage change (Na+ optional)
Thiazide Diuretics HCTZ (Hydrodiuril®, Esidrix®) F	Tab 25mg	HCTZ 50mg daily	2 weeks	K+ and SCr. < 6 months (Na+ optional)	K+ and SCr 1 week after initiation or dosage change (Na+ optional)
Chlorthalidone (Hygroton®) F	Tab 25mg	25mg daily	2 weeks	K+ and SCr. < 6 months (Na+ optional)	K+, SCr 1 week after initiation or dosage change (Na+ optional)
ACE Inhibitor Lisinopril (Prinivil®) F	Tab 5, 10, 20mg	40mg daily	1 week	K+ and SCr. < 6 months	K+ and SCr 1 week after initiation. K+ 2 weeks after dosage change
ARB Losartan (Cozaar®) F	Tab 25, 50mg	100mg daily or 50mg BID	1 week	K+ and SCr. < 6 months	K+ and SCr 1 week after initiation. K+ 2 weeks after dosage change
Calcium Channel Blocker Amlodipine (Norvasc®) F	Tab 2.5, 5, 10mg	10mg daily	1 week	None	None
Potassium Sparing Diuretic Spironolactone (Aldactone®) F	Tab 25mg	25mg daily	1 week	K+, SCr. < 1 month	K+ and SCr 1 week after initiation & 2 weeks after dosage change
Beta 1 blocker Bisoprolol (Zebeta®) F	Tab 5, 10mg	10mg daily	1 week	None	Maintain pulse ≥ 55

DM 2 (non-insulin agents)	Preferred Dosage Forms	Max. Rec. Dose	Optimal Titration Interval	Baseline Labs	Cautions / Contraindications
Biguanide Metformin (Glucophage®) F	Tab 500, 1000mg	1000mg BID	2 weeks	SCr. (CBC optional)	Contraindicated: eGFR <30 or HF NY class 3–4 or LFTs >3 x ULN; Not recommended: baseline eGFR < 45; Assess R/B: If eGFR falls < 45
Sulfonylurea Glipizide (Glucotrol®) F	Tab 2.5, 5, 10mg	20mg BID ac	2 weeks	None	Contraindicated: severe sulfa allergy
Thiazolidinedione Pioglitazone (Actos®) F	Tab 15,30,45 mg	45 mg daily	2 months	ALT,(AlkP , T bili optional)	Contraindicated: CHF stage III or IV
DPP-4 inhibitor Linagliptin (Tradjenta®) NF*	Tab 5 mg	5 mg daily	N/A	None	N/A
SGLT2 inhibitor Empagliflozin (Jardiance®) NF**	Tab 10, 25 mg	25 mg daily	2 weeks	SCr.	Contraindicated: eGFR <45
GLP-1 receptor agonist Exenatide ER inj (Bydureon®) NF***	SQ Inj 2 mg	2 mg weekly	N/A	SCr.	Contraindicated: personal or FH Medullary thyroid CA or MEN2

Statins	Preferred Dosage Forms	Max. Rec. Dose	Optimal Titration Interval	Baseline Labs*	Titration
Atorvastatin (Lipitor®) F	Tab 40, 80mg	80mg daily hs	N/A	ALT, SCr	N/A
Rosuvastatin (Crestor®) F	Tab 10, 20mg	20mg daily hs	N/A	ALT, SCr	N/A

F: Formulary
 NF: Non-formulary
 *Do not routinely measure CK. Consider baseline CK if increased risk for adverse muscle events (such as personal or family history of statin intolerance or muscle disease, clinical presentation, or concomitant drug therapy that might increase the risk for myopathy).

Formulary Alternatives: *Alogliptin (Nesina), **Ertugliflozin (Steglatro), ***Liraglutide (Victoza)