

**PROTOCOL FOR THESE POPULATIONS:**

- AAA** - Abdominal Aortic Aneurysm
- CAD** - Coronary Artery Disease
- CKD** - Chronic Kidney Disease
- CVA/TIA** - Cerebrovascular Accident / Transient Ischemic Attack
- DM over 55** - Diabetes Mellitus
- PAD/PVD** - Peripheral Arterial Disease / Peripheral Vascular Disease

**ASA**

ASA	81 – 325 mg qd
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Per ASA protocol. Alternate: Consider Clopidogrel if intolerant to ASA.

**ACE-I**

Lisinopril	10mg qd
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**Use Caution:**  
If creat >2.5 or K+ >5.5

Alternate: If DM w/ Microalbuminuria, CHF, or CKD, use **ARB** if ACE-I intolerant.

**STATIN**

Simvastatin	40mg qd
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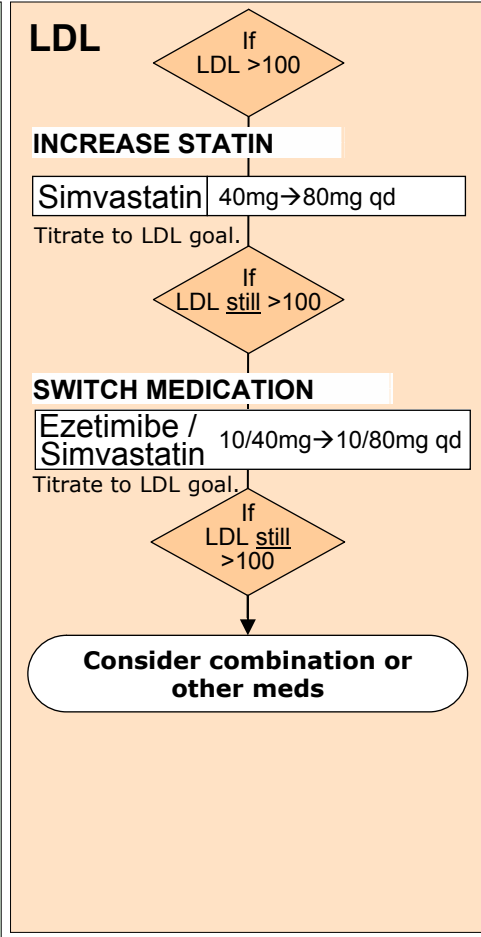
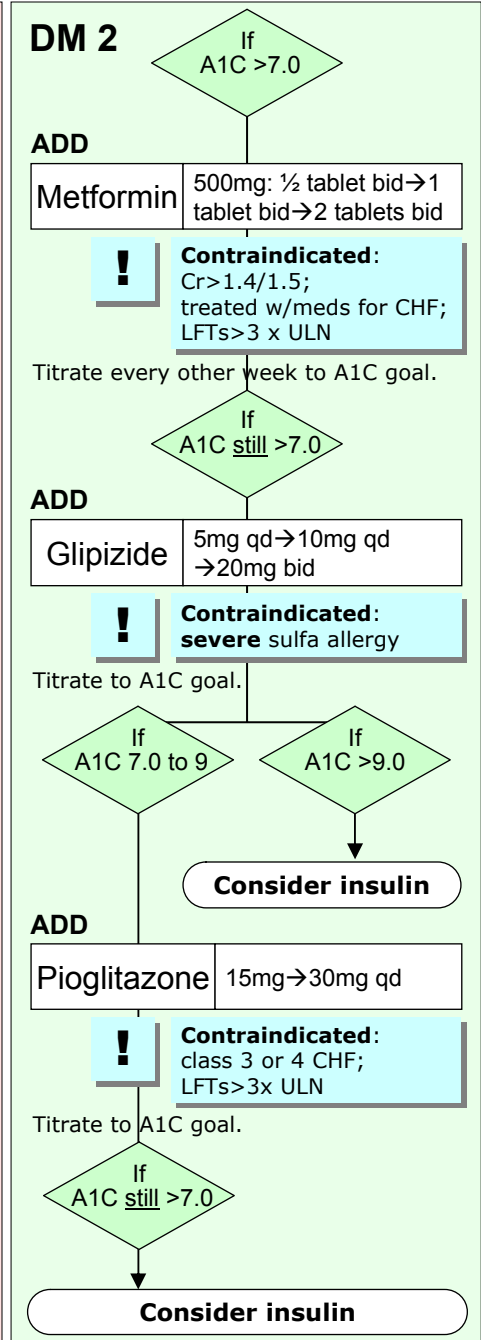
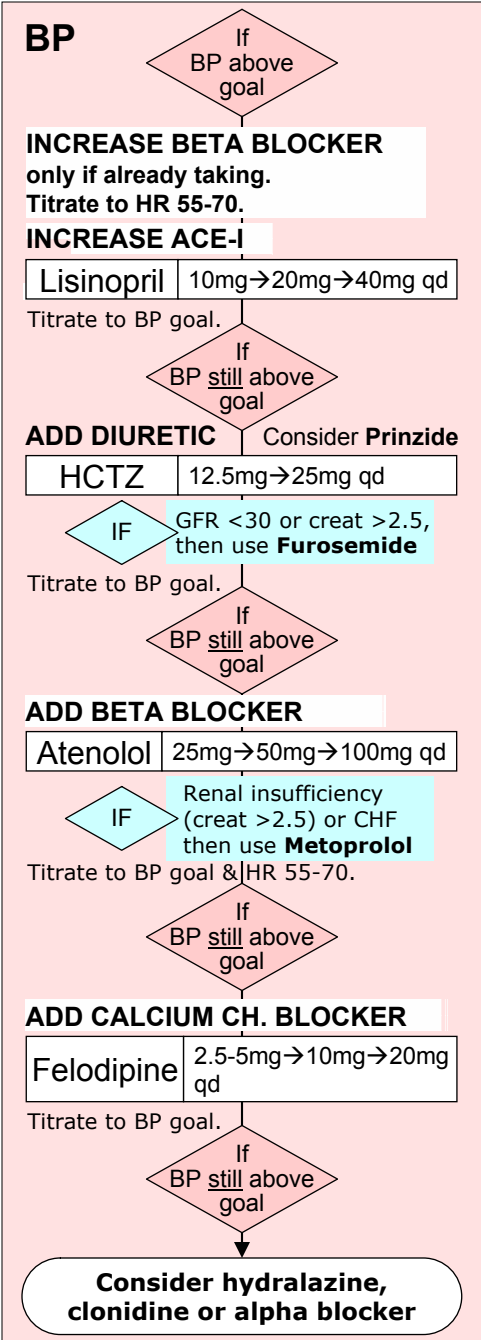
Give statin regardless of LDL. If GFR<30 reduce initial dose; max 40 mg daily.

**BETA BLOCKER (FOR CAD/PAD/AAA)**

Atenolol	25mg qd
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**Use Caution:**  
Bradycardia <55, severe asthma, hypotension

Alternate: If CHF with LVSD, use **Bisoprolol, Metoprolol CR/XL, Carvedilol, or Metoprolol.**



Adapted from  
KPNC Clinical Practice Guidelines for:  
**Secondary Prevention of CAD & Atherosclerotic Diseases**

**Refer to the complete condition-specific guidelines in cholesterol, diabetes and hypertension** for individual protocols for medication use, contraindications, possible side effects and lab monitoring.

Cardiovascular Risk Management Medication Algorithm - this document describes the drug intervention portion of the clinician education presentation: Secondary Cardiovascular Risk Reduction Strategies

Medication	Dosage forms	Initial Dosage	Titration	Max. Recommended Dose	Full Effect	Baseline Labs	Titration	Maintenance Labs
<b>ACE Inhibitor</b> Lisinopril	Tab 5, 10, 20, 40 mg	5-10mg daily	Increase by 50-100% q 2-4 wks	40mg daily	2-4 wks	K+ and Cr within last 6 months	K+ and Cr 1 wk after initiation. K+ 2 wks after dosage change	K+ and Cr yearly
<b>ACE-I/Diuretic</b> Lisinopril / HCTZ	Tab 10/12.5, 20/12.5, 20/25 mg	10/12.5mg daily	Double the dose q 2-4 wks	20/25mg daily	2-4 wks	K+ and Cr within last 6 months	K+ and Cr 1 wk after initiation. K+ 2 wks after dosage change	K+ and Cr yearly
<b>Diuretic</b> Hydrochlorothiazide, Chlorthalidone	Tab 25, 50, 100 mg	12.5mg daily	Double the dose	25mg daily	4-6 wks	Na+, K+ and Cr within last 12 mo	Na+, K+ and Cr 2-4 wks after initiation or dosage change	Na+, K+ and Cr every 6 months
<b>Oral agent for DM 2</b> Glipzide	Tab 2.5, 5, 10 mg	5 mg daily	Increase by 100% q 2-4 wks	20mg twice daily	1-2 wks	None	None	A1C 2-3x yr
Metformin	Tab 500, 850, 1000 mg	250mg twice daily	Increase by 50-100% q 2 wks	850mg 3xdaily or 1000mg twice daily	2-4 wks	Creat, CBC ALT	Do not use if Creat >1.5, Heart Failure requiring drug treatment	Creat, CBC ALT yearly A1C 2-3x yr
Pioglitazone	Tab 15 mg	15mg daily	Double the dose q 4 wks	30mg daily in combo; 45mg daily in mono tx	4-6 wks	ALT	ALT every 2 months for first year, then periodically	ALT, A1C 2-3x yr
<b>Statin</b> Lovastatin	Tab 10, 20, 40 mg	40mg daily w/evening meal	Double the dose q 6-8wks	40mg twice daily or 80mg daily w/evening meal	4 wks	ALT, CK, Creat	ALT 4-8 wks after initiation or dosage change	ALT Periodically
Simvastatin	Tab 40, 80 mg	20mg daily at bedtime	Double the dose q 6-8wks	80mg daily at bedtime	4 wks	ALT, CK, Creat	ALT 4-8 wks after initiation or dosage change	ALT Periodically
Ezetimibe / Simvastatin	Tab 10/10, 10/20, 10/40, 10/80 mg	10/40 or 10/80 daily in evening	Double the dose q 6-8 wks	10/80 mg daily in evening	4 wks	ALT, CK, Creat	ALT 4-8 wks after initiation or dosage change	ALT Periodically
<b>β1 blockade</b> Atenolol	Tab 25, 50, 100 mg	25mg daily	Increase by 50-100% q 1-2wks	100mg daily or 50mg twice daily	1-2 wks	None	Titrate to pulse 55-70	None
Metoprolol	Tab 25, 50, 100 mg	50mg twice daily	Increase by 50-100% q 1-2wks	100mg twice daily	1-2 wks	None	Titrate to pulse 55-70	None
<b>Calcium channel blocker</b> Felodipine	Tab 2.5, 5, 10 mg	2.5-5mg qd	Increase by 5mg q 2wks	20mg (1)	2-4 wks	None	None	None