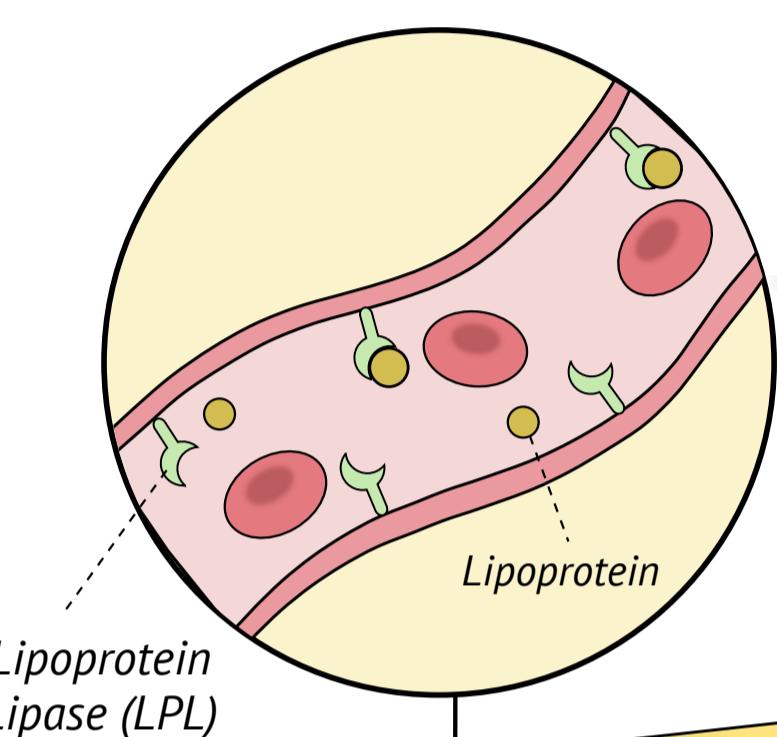


1

**MODERATE
HYPERTG**

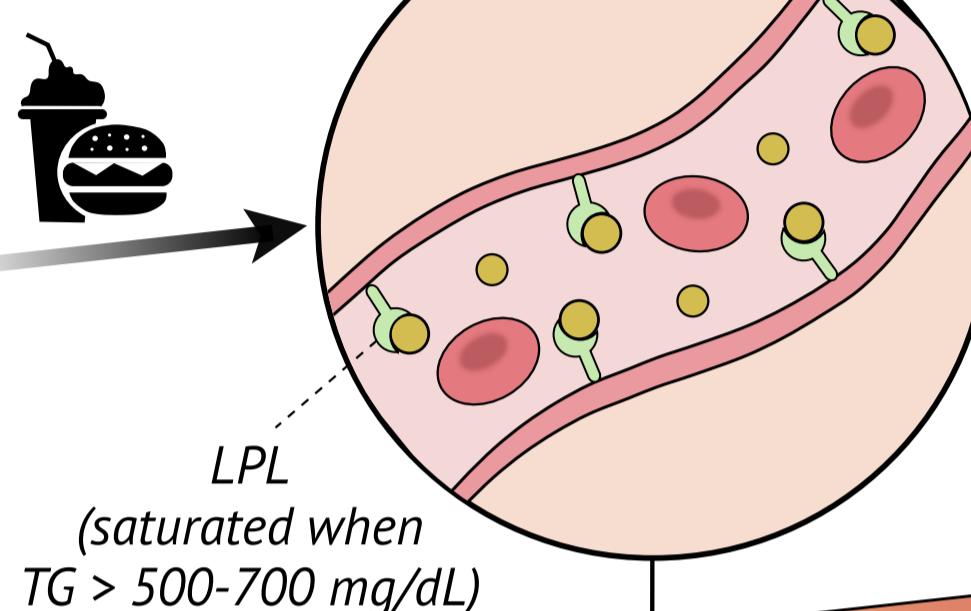
TG > 150 mg/dL



2

**SEVERE
HYPERTG**

TG > 500 mg/dL



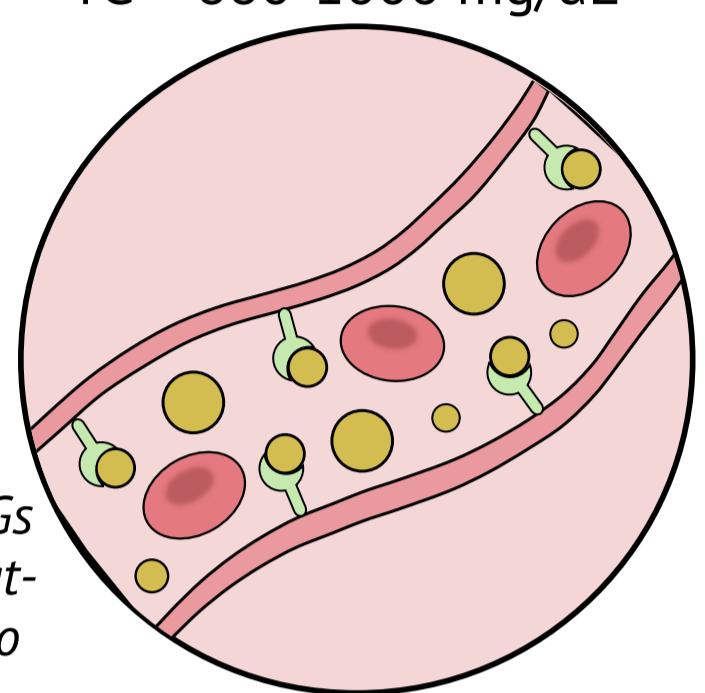
3

CHYLOMICRONEMIA

TG > 880-1000 mg/dL



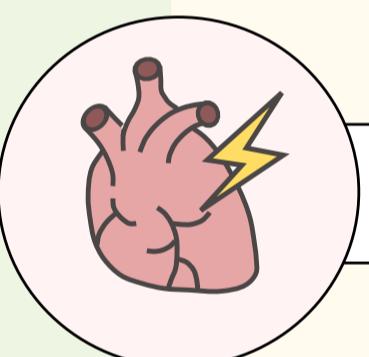
Rapid shifts in TGs can occur after fat-rich meals due to LPL saturation



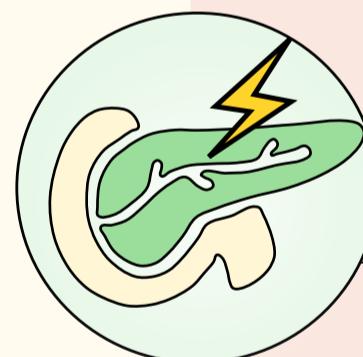
150 mg/dL

500 mg/dL

880-1000 mg/dL



Increased risk of ASCVD



Pancreatitis



Lifestyle modifications (first-line)



Add statin or intensify (if ASCVD risk > 7.5%) (first-line)



Can start at TG > 150 mg/dL if high ASCVD risk and persistently elevated TGs despite therapy

Prescription omega-3 fatty acids (icosapent ethyl)



Can start sooner but usually start at TG > 500 mg/dL to prevent pancreatitis

Fenofibrate (1st line to prevent HTG-induced pancreatitis)

Olezarsen or Plozarsiran (ONLY for familial chylomicronemia syndrome)