

2026 ACC/AHA Dyslipidemia Guideline Updates

On March 13, 2026, the American College of Cardiology (ACC) and the American Heart Association (AHA) released updated guidelines to both manage and prevent cardiovascular disease. These updates are the first in thirteen years, providing much-needed clarity for providers and patients alike. Here are five key takeaways following the updates.

1. LDL-C Goals Return with Modernized Measurement

To prevent a first cardiac event, the ACC/AHA now recommend that low-density lipoprotein cholesterol goals should be less than 100 mg/dL for those at borderline or intermediate risk and less than 70 mg/dL for those at high risk. For those with ASCVD who are at high risk of secondary events, the LDL-C goal should be less than 55 mg/dL.

2. Biomarker Testing Expands for Broader Risk Detection

It is now recommended for all adults to have their Lp(a) levels assessed at least once in their lifetime. High lipoprotein(a), or Lp(a), is a genetically inherited type of LDL cholesterol that significantly increases the risk of early cardiovascular diseases. Integrating broader biomarkers into routine care is essential to better prevent and treat cardiovascular diseases that often go unnoticed, such as familial hypercholesterolemia. Measurement of Apolipoprotein B, or apoB, is also encouraged in clinical guidelines to assess any residual ASCVD risk.

3. Statin Guidance Becomes More Precise

Statins, a vital and often life-saving tool to combat cardiovascular disease, are now tied to more specific ASCVD risks and LDL-C goals. Statin therapy remains the foundational tool to lower lipids, but the prescription and intensity of the treatment is now more precise.

4. Combination Therapy Elevated to Standard Practice, but Reform is Needed

Non-statin therapies are also receiving more focus. PCSK9 inhibitors have been elevated in standing and noted as standard practice for severe hypercholesterolemia rather than a last resort. Given these expanded recommendations for PCSK9 inhibitors, the urgency of eliminating step therapy—or an insurer-mandated “fail first” practice, which often delays adequate care—is more important than ever before, especially for at-risk populations.

5. First-Ever Triglyceride Guidance Expands Preventive Opportunities

Triglycerides should now be included in population health strategies and risk assessments, with a focus on early risk factor control and appropriate use of PCSK9 therapies to reduce ASCVD risk. To build on this progress, stronger incentives for preventive care are needed to help lower long-term cardiovascular costs.

Bottom Line for Policymakers

These updates demand immediate action to accelerate earlier detection, improve risk stratification and expand access to innovative, life-saving treatments. As cardiovascular deaths continue to rise, policymakers and payers must ensure these guidelines are fully implemented by removing access barriers, aligning quality measures and broadening coverage so patients can benefit without delay.