



AMERICAN  
COLLEGE of  
CARDIOLOGY®

# NONSTATIN STRATEGIES AND THERAPIES FOR LDL-C LOWERING POCKET GUIDE



# TABLE OF CONTENTS

<b>POCKET GUIDE OVERVIEW .....</b>	<b>1</b>
<b>FIGURE 1</b> <b>Summary of Patient Populations, Factors, and Strategies to Consider .....</b>	<b>2</b>
<b>FIGURE 2A:</b> <b>Adults With Clinical ASCVD at Very High Risk* on Statin Therapy</b> <b>for Secondary Prevention.....</b>	<b>3</b>
<b>FIGURE 2B:</b> <b>Adults With Clinical ASCVD, Not at Very High Risk*, on Statin Therapy for</b> <b>Secondary Prevention .....</b>	<b>4</b>
<b>FIGURE 2C:</b> <b>Adults With Clinical ASCVD and Baseline LDL-C <math>\geq</math>190 mg/dL Not Due</b> <b>to Secondary Causes Without Clinical or Genetic Diagnosis of Familial</b> <b>Hypercholesterolemia, on Statin Therapy for Secondary Prevention .....</b>	<b>5</b>
<b>FIGURE 2D:</b> <b>Adults With Clinical ASCVD at Very High Risk* and Baseline</b> <b>LDL-C <math>\geq</math>190 mg/dL Not Due to Secondary Causes and With Clinical</b> <b>Diagnosis or Genetic Confirmation of Familial Hypercholesterolemia,</b> <b>on Statin Therapy for Secondary Prevention.....</b>	<b>6</b>
<b>FIGURE 3:</b> <b>Adults Without Clinical ASCVD and With Baseline LDL-C <math>\geq</math>190 mg/dL</b> <b>Not Due to Secondary Causes on Statin Therapy for Primary Prevention.....</b>	<b>7</b>
<b>FIGURE 4:</b> <b>Adults With Diabetes and Without ASCVD and Baseline LDL-C <math>&lt;</math>190 mg/dL</b> <b>on Statin Therapy for Primary Prevention .....</b>	<b>8</b>
<b>FIGURE 5:</b> <b>Adults Without Clinical ASCVD or Diabetes (LDL-C 70-189 mg/dL).....</b>	<b>9</b>
<b>FIGURE 6:</b> <b>Incorporation of Subclinical Atherosclerosis Imaging into Risk</b> <b>Assessment and Treatment for Adults Without Clinical ASCVD</b> <b>or Diabetes or LDL-C <math>\geq</math>190 mg/dL.....</b>	<b>10</b>
<b>FIGURE 7:</b> <b>Adults With Possible Statin-Associated Side Effects.....</b>	<b>11</b>
<b>TABLE 1:</b> <b>Criteria for Defining Patients at Very High Risk* of Future ASCVD Events ...</b>	<b>12</b>

## POCKET GUIDE OVERVIEW

The following resource contains figures from the *2022 ACC Expert Consensus Decision Pathway on the Role of Nonstatin Therapies for LDL-Cholesterol Lowering in the Management of Atherosclerotic Cardiovascular Disease (ASCVD) Risk* to guide clinician decision-making on the optimization of statin therapies in accordance with clinical guidelines and practical guidance on the use of nonstatin therapies.

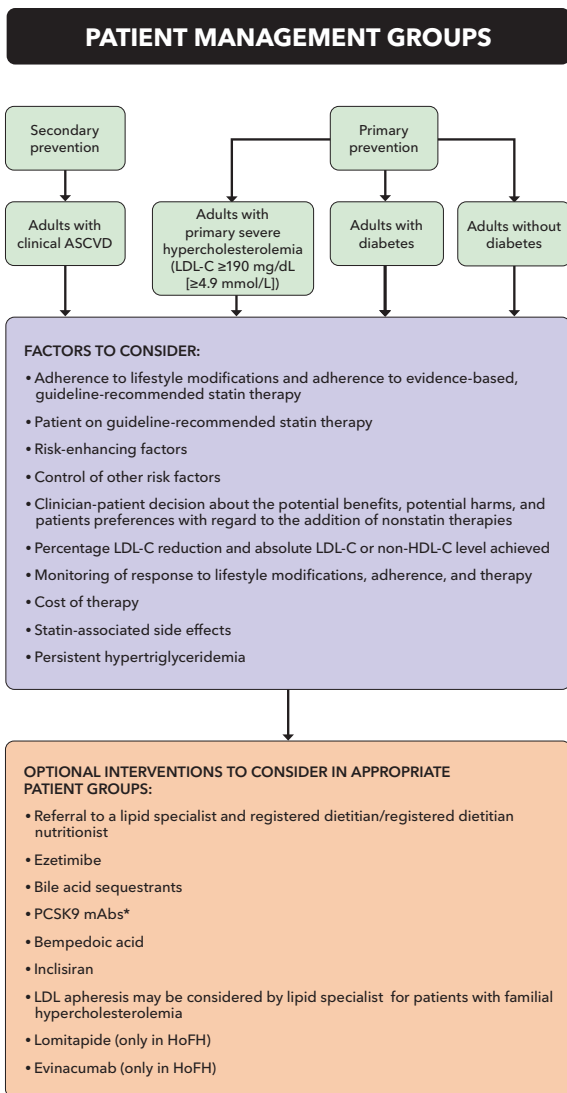
This resource is only an excerpt from the manuscript published in *Journal of the American College of Cardiology (JACC)* and the full publication should be reviewed for important context and additional information.



**To access the full manuscript,  
please scan this QR code.**



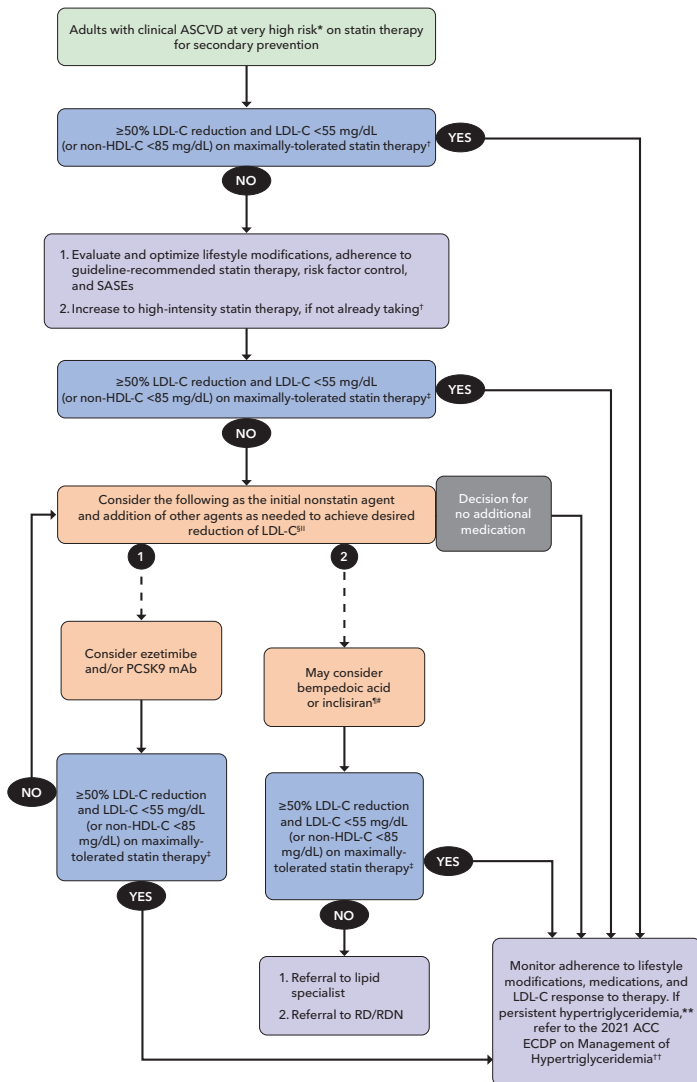
**FIGURE 1. Summary of Patient Populations, Factors, and Strategies to Consider**



Please refer to the manuscript for footnote information.



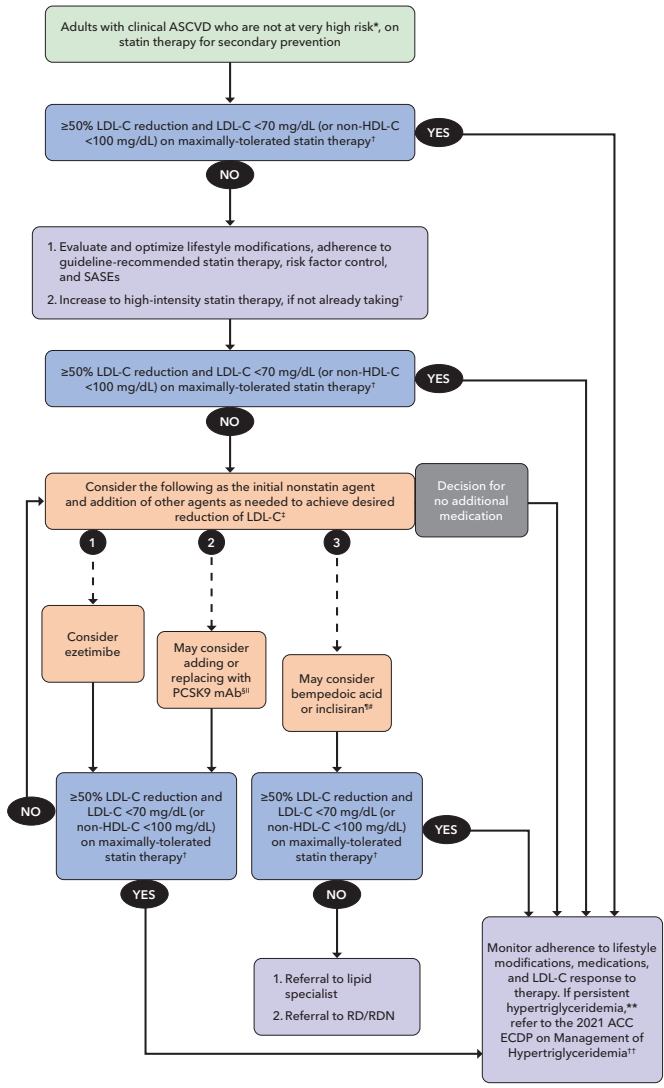
**FIGURE 2A. Adults With Clinical ASCVD at Very High Risk\* on Statin Therapy for Secondary Prevention**



\*See Table 1 for criteria for defining patients at very high risk. Please refer to the manuscript for additional footnote information.

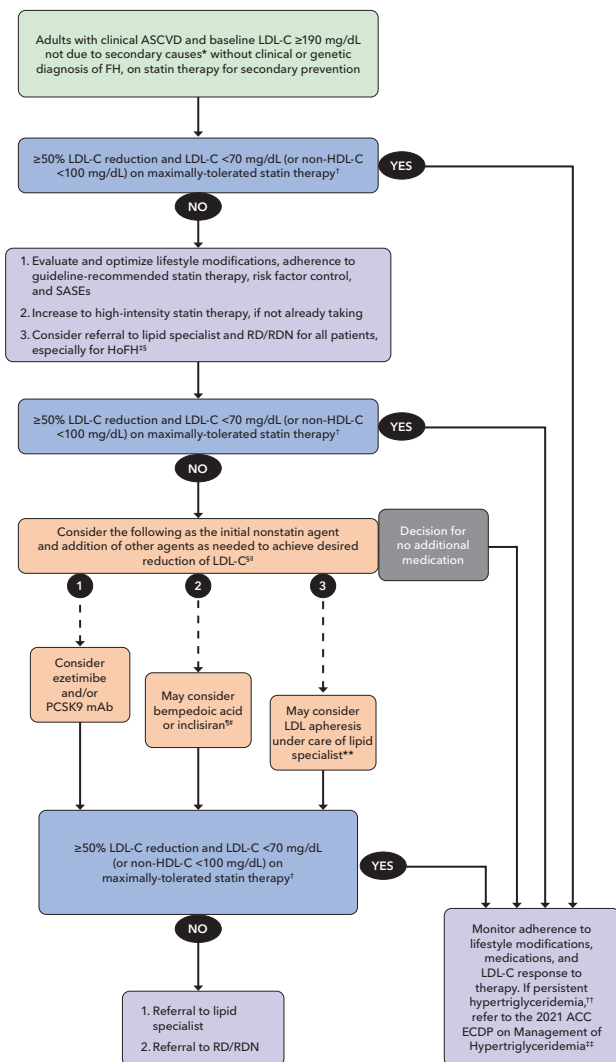


**FIGURE 2B. Adults With Clinical ASCVD, Not at Very High Risk\*, on Statin Therapy for Secondary Prevention**



\*See Table 1 for criteria for defining patients at very high risk. Please refer to the manuscript for additional footnote information.

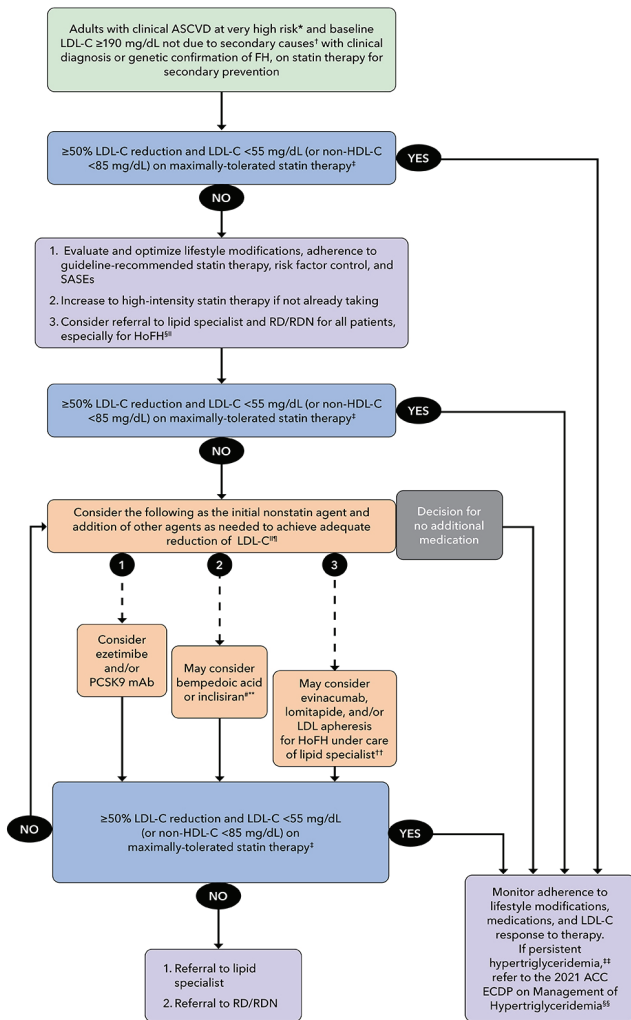
**FIGURE 2C. Adults With Clinical ASCVD and Baseline LDL-C  $\geq 190$  mg/dL Not Due to Secondary Causes Without Clinical or Genetic Diagnosis of Familial Hypercholesterolemia, on Statin Therapy for Secondary Prevention**



Please refer to the manuscript for footnote information.



**FIGURE 2D. Adults With Clinical ASCVD at Very High Risk\* and Baseline LDL-C  $\geq 190$  mg/dL Not Due to Secondary Causes and With Clinical Diagnosis or Genetic Confirmation of Familial Hypercholesterolemia, on Statin Therapy for Secondary Prevention**

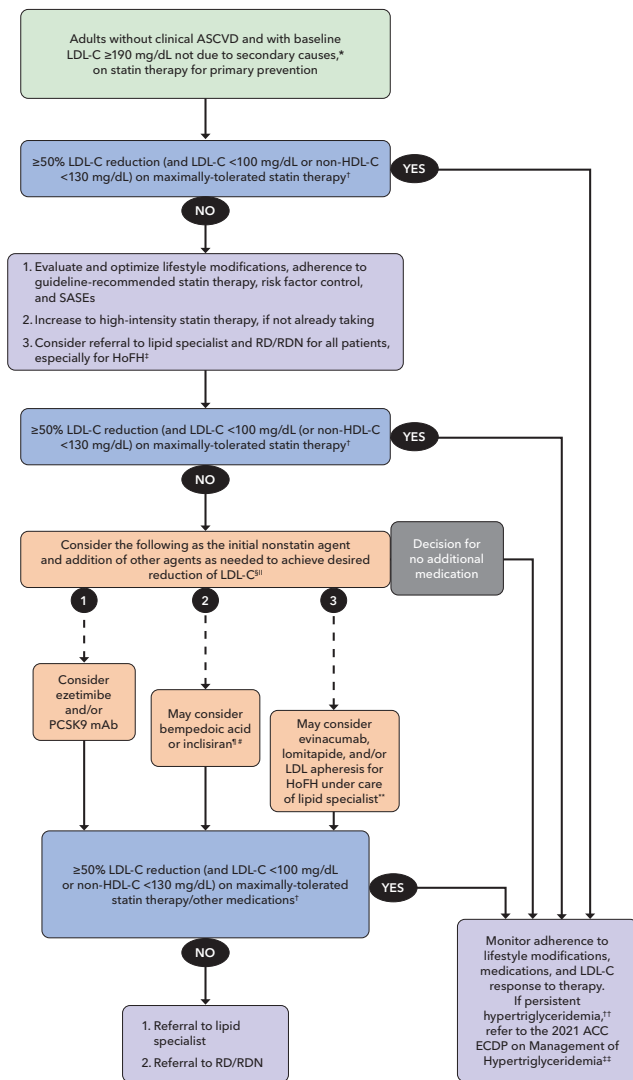


\*See Table 1 for criteria for defining patients at very high risk. Please refer to the manuscript for additional footnote information.





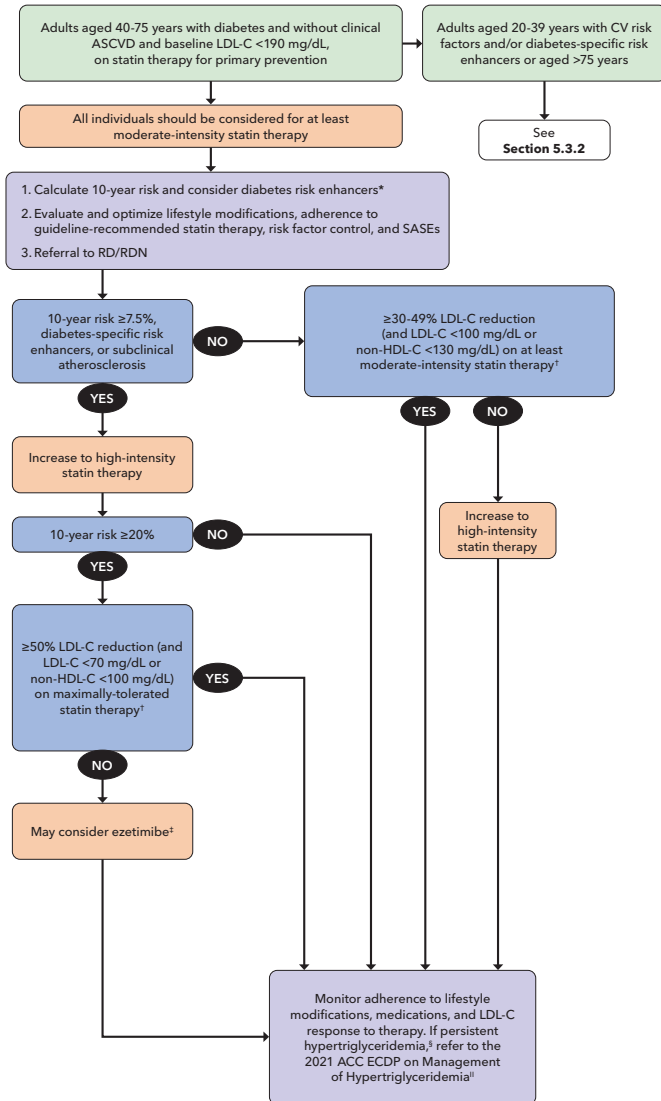
**FIGURE 3. Adults Without Clinical ASCVD and With Baseline LDL-C  $\geq 190$  mg/dL Not Due to Secondary Causes on Statin Therapy for Primary Prevention**



Please refer to the manuscript for footnote information.



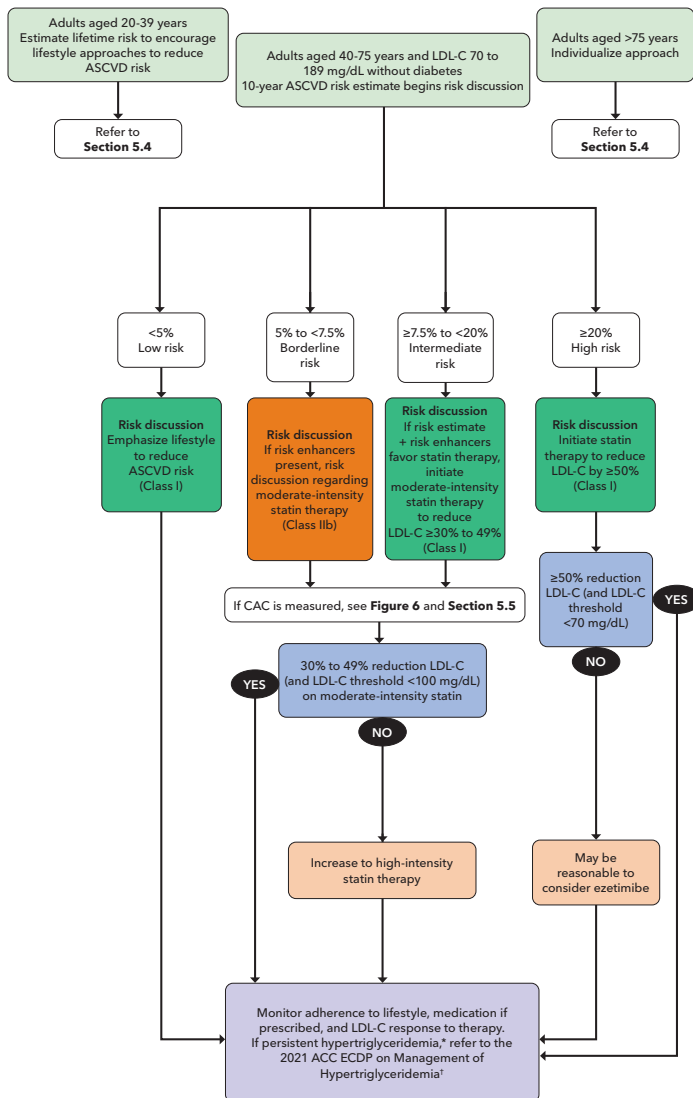
**FIGURE 4. Adults With Diabetes and Without ASCVD and Baseline LDL-C <190 mg/dL on Statin Therapy for Primary Prevention**



Please refer to the manuscript for footnote information.



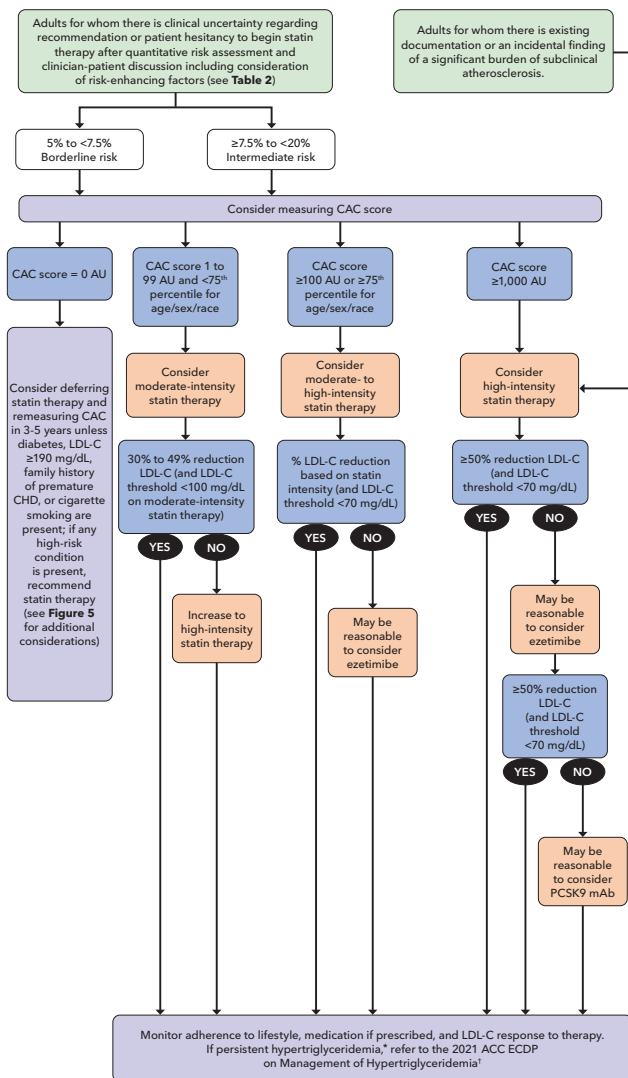
**FIGURE 5. Adults Without Clinical ASCVD or Diabetes (LDL-C 70-189 mg/dL)**



Please refer to the manuscript for footnote information.



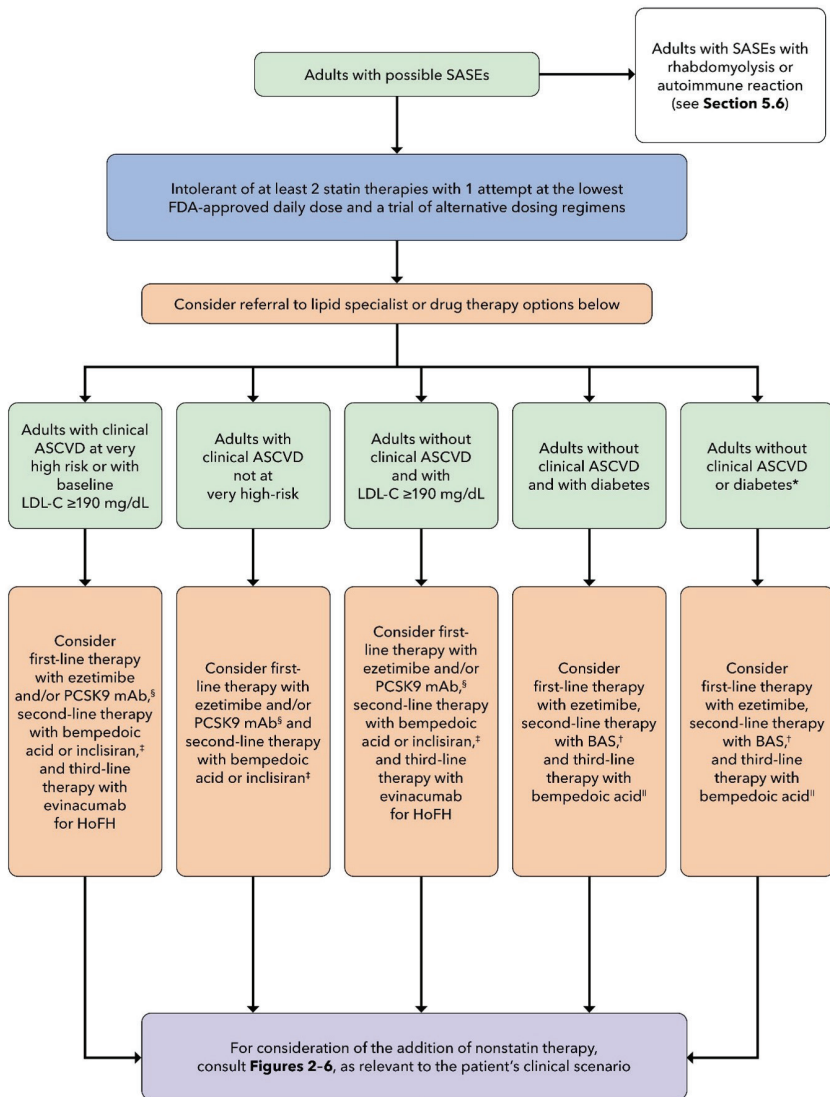
**FIGURE 6. Incorporation of Subclinical Atherosclerosis Imaging into Risk Assessment and Treatment for Adults Without Clinical ASCVD or Diabetes or LDL-C  $\geq 190$  mg/dL**



Please refer to the manuscript for footnote information.



**FIGURE 7. Adults With Possible Statin-Associated Side Effects**



Please refer to the manuscript for footnote information.



**TABLE 1. Criteria for Defining Patients at Very High Risk\* of Future ASCVD Events**

### **Major ASCVD Events**

Recent ACS (within the past 12 mo)

History of MI (other than recent ACS event listed above)

History of ischemic stroke

Symptomatic PAD (history of claudication with ABI <0.85 or previous revascularization or amputation)

### **High-Risk Conditions**

Age  $\geq 65$  y

Heterozygous familial hypercholesterolemia

History of prior coronary artery bypass surgery or percutaneous coronary intervention outside of the major ASCVD event(s)

Diabetes

Hypertension

CKD (eGFR 15-59 mL/min/1.73 m<sup>2</sup>)

Current smoking

Persistently elevated LDL-C (LDL-C  $\geq 100$  mg/dL [ $\geq 2.6$  mmol/L]) despite maximally tolerated statin therapy and ezetimibe

History of congestive HF

\*Very high risk includes a history of multiple major ASCVD events or one major ASCVD event and multiple high-risk conditions.

ABI = ankle-brachial index; ACS = acute coronary syndrome;

ASCVD = atherosclerotic cardiovascular disease;

CKD = chronic kidney disease;

eGFR = estimated glomerular filtration rate;

HF = heart failure; LDL-C = low-density lipoprotein cholesterol;

MI = myocardial infarction;

PAD = peripheral artery disease





## LIPID MANAGER AND LDL-C LOWERING THERAPIES

As an additional complement to this Expert Consensus Decision Pathway, ACC updated the *LDL-C Lowering Therapy* tool (within the *Lipid Manager* app).

Clinicians can use this tool to:

- Estimate ASCVD risk
- Review customized lifestyle and statin initiation advice
- Assess patient-specific response to lipid-lowering therapy
- Determine when and which nonstatin therapies should be considered
- Recommend lifestyle intervention and pharmacological management of high-risk patients with persistent hypertriglyceridemia



To access the tool, please scan this QR code or visit: [Tools.ACC.org/LDL](https://tools.acc.org/LDL)





For additional ACC resources related to the medication management of lipids, visit:  
***[ACC.org/ClinicalSolutionsLipids](https://www.acc.org/ClinicalSolutionsLipids)***

This pocket guide is supported by:

**ESPERION<sup>®</sup>**

