

Proprotein Convertase Subtilisin/Kexin Type 9 (PCSK9) Inhibitors

- Leqvio (inclisiran)
- Lerochol (Ierodalсібep-liga)
- Praluent (alirocumab)
- Repatha (evolocumab)

Disclaimer

Clinical guidelines are developed and adopted to establish evidence-based clinical criteria for utilization management decisions. Clinical guidelines are applicable according to policy and plan type. The Plan may delegate utilization management decisions of certain services to third parties who may develop and adopt their own clinical criteria.

Coverage of services is subject to the terms, conditions, and limitations of a member's policy, as well as applicable state and federal law. Clinical guidelines are also subject to in-force criteria such as the Centers for Medicare & Medicaid Services (CMS) national coverage determination (NCD) or local coverage determination (LCD) for Medicare Advantage plans. Please refer to the member's policy documents (e.g., Certificate/Evidence of Coverage, Schedule of Benefits, Plan Formulary) or contact the Plan to confirm coverage.

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Summary

Proprotein convertase subtilisin/kexin type 9 (PCSK9) inhibitors, including Praluent (alirocumab), Repatha (evolocumab), Leqvio (inclisiran), and Lerochol (Ierodalcibep-liga), are FDA-approved medications used in conjunction with diet and maximally tolerated statin therapy to lower LDL cholesterol in those with certain conditions*, including, as adjunct therapy for:

1. Atherosclerotic cardiovascular disease (ASCVD), to reduce risk of major cardiovascular events including myocardial infarction, stroke, unstable angina requiring hospitalization, coronary revascularization, and cardiovascular death in adults with established ASCVD.
2. Heterozygous familial hypercholesterolemia (HeFH).
3. Homozygous familial hypercholesterolemia (HoFH).
4. Hypercholesterolemia or hyperlipidemia.

*Indications may vary depending on the medication.

Praluent and Repatha are monoclonal antibodies that bind to and inhibit PCSK9, enhancing the number of LDL receptors available to clear LDL cholesterol. Leqvio uses siRNA technology to inhibit PCSK9 production. All are administered subcutaneously, but Leqvio (inclisiran) must be given by a healthcare professional. Lerochol (Ierodalcibep-liga) is a recombinant fusion protein that binds PCSK9 with picomolar affinity.

For the latest clinical practice guidelines, the ACC/AHA recommendations should be reviewed, accessible via the ACC website at <https://www.acc.org/guidelines>. Other sources of clinical practice guidelines include the American Association of Clinical Endocrinology and the National Institute for Health and Care Excellence, which may differ in some recommendations. Please see [Appendix A](#), Table 1 for a list of The Plan's preferred and non-preferred PCSK9 inhibitors.

Definitions

"Atherosclerotic Cardiovascular Disease (ASCVD)" is a term used to describe conditions that are caused by atherosclerosis, a disease where plaque builds up inside the arteries. Plaque is made up of fat, cholesterol, calcium, and other substances found in the blood. Over time, the plaque hardens and can narrow the arteries, limiting the flow of oxygen-rich blood to the body's organs and tissues. This can lead to different cardiovascular conditions. Examples of ASCVD include:

- Coronary Artery Disease (CAD): This occurs when the coronary arteries, which supply blood to the heart, become hardened and narrowed due to plaque buildup. This can lead to chest pain (angina), a heart attack (myocardial infarction), or heart failure.

- Carotid Artery Disease: The carotid arteries in the neck supply blood to the brain. Atherosclerosis in these arteries can lead to transient ischemic attacks (mini-strokes) or strokes.
- Peripheral Arterial Disease (PAD): This occurs when atherosclerosis affects the arteries that carry blood to the arms and legs. PAD can cause pain and fatigue, typically in the legs, and can increase the risk of infection and amputation.
- Aortic Atherosclerosis and Aortic Aneurysm: The aorta, the largest artery in the body, can also be affected by atherosclerosis. This can lead to an aortic aneurysm, where a section of the aorta becomes overly large and may rupture, a life-threatening event.

“Cholesterol” is a waxy, fat-like substance produced in the body and essential for various biological functions such as forming cell membranes, producing certain hormones, and synthesizing vitamin D. However, excessive amounts can lead to plaque formation in arteries.

“Documentation” refers to written information, including but not limited to:

- Up-to-date chart notes, relevant test results, and/or relevant imaging reports to support diagnoses; or
- Prescription claims records, and/or prescription receipts to support prior trials of formulary alternatives.

“Ezetimibe” is a cholesterol-lowering medication that works by blocking the absorption of dietary cholesterol in the small intestine, which in turn decreases total and LDL cholesterol levels in the bloodstream.

“Heterozygous Familial Hypercholesterolemia (HeFH)” is a genetic disorder, inherited from one parent, that results in high levels of LDL cholesterol, often leading to premature atherosclerotic cardiovascular disease.

“Homozygous Familial Hypercholesterolemia (HoFH)” is a more severe form of familial hypercholesterolemia, inherited from both parents, that leads to extremely high LDL cholesterol levels. This can cause serious cardiovascular complications at a young age.

“Hypercholesterolemia” or “Hyperlipidemia” is a condition characterized by high levels of lipids (fats) in the blood, including cholesterol and triglycerides.

“Low-Density Lipoprotein Cholesterol (LDL-C)” is often referred to as “bad” cholesterol, LDL-C transports cholesterol to the cells throughout the body. High levels of LDL-C can lead to a buildup of cholesterol in arteries, contributing to atherosclerosis.

“No evidence of” indicates that the reviewer has not identified any records of the specified item or condition within the submitted materials or claims history. In the absence of such evidence, the member

is considered eligible. If any evidence of the item or condition is present upon review of the request, the member does not qualify.

“Proprotein Convertase Subtilisin Kexin 9 (PCSK9)” is a protein that regulates the number of LDL receptors on the surface of cells. Inhibitors of PCSK9 increase the number of LDL receptors available to clear LDL cholesterol from the bloodstream.

“Ribonucleic Acid (RNA)” is a single-stranded molecule involved in protein synthesis, gene regulation, and as the genetic material of some viruses. RNA plays a significant role in transmitting genetic information and cellular functioning.

“[s]” indicates state mandates may apply.

“Small Interfering RNA (siRNA)” is a type of RNA molecule that interferes with the expression of specific genes with complementary nucleotide sequences by degrading mRNA after transcription, preventing translation into protein. Inclisiran (Leqvio) uses siRNA technology to inhibit the production of PCSK9 protein, leading to lower LDL cholesterol levels.

“Statins” refers to the class of medications, including drugs like atorvastatin and lovastatin, that lower cholesterol levels by inhibiting an enzyme (HMG-CoA reductase) involved in cholesterol synthesis in the liver.

“Xanthoma” is a skin condition characterized by the deposition of fat beneath the skin's surface, leading to the formation of yellowish growths or bumps. Xanthomas are often indicative of underlying lipid disorders, including high cholesterol or triglyceride levels.

Medical Necessity Criteria for Clinical Review

General Medical Necessity Criteria

The Plan considers Proprotein Convertase Subtilisin/Kexin Type 9 (PCSK9) Inhibitors medically necessary when ALL the following are met:

1. The medication is being prescribed by or in consultation with an endocrinologist, cardiologist, lipid specialist or someone who specializes, or who has extensive experience, in familial hypercholesterolemia or atherosclerotic cardiovascular disease; **AND**
2. The requested medication meets BOTH of the following:
 - a. Is being prescribed for an FDA-approved or compendia supported indication; *and*
 - b. Is age-appropriate for the member based on FDA approval or is supported by evidence-based compendia, such as:
 - i. Primary hyperlipidemia/ASCVD: ≥18 years (all agents) [*ASCVD or prevention of ASCVD not indicated for Leqvio or Lerochol*]; *or*

- ii. HeFH: ≥ 8 years (Praluent), ≥ 10 years (Repatha), ≥ 12 years (Leqvio), ≥ 18 years (Lerochol); *or*
 - iii. HoFH: ≥ 18 years (Praluent), ≥ 10 years (Repatha), ≥ 12 years to < 18 years (Leqvio) [*Not indicated for Lerochol*]; *AND*
- 3. IF the request is for a non-preferred medication (i.e., Leqvio, Repatha, Lerochol), the member is unable to use, or has tried and failed the Plan's preferred medication (i.e., Praluent) as age and indication appropriate^[s]; *AND*
- 4. The requested medication will not be used concomitantly with other PCSK9 inhibitors (i.e., must discontinue current therapy before initiating different agent); *AND*
- 5. Clinical documentation and/or support laboratory work are submitted to validate the applicable criteria, including but not limited to at least ONE (1) of the following:
 - a. Fasting lipid panel from within past 3 months; *and/or*
 - b. Current statin therapy documentation including dose/duration or statin intolerance; *and/or*
 - c. For statin intolerance, specific symptoms or lab evidence (e.g., CK levels); *and/or*
 - d. Concurrent lipid-lowering therapies; *and/or*
 - e. Other acceptable documentation; *AND*
- 6. The requested medication is being prescribed at a dose and frequency that is within FDA approved labeling OR is supported by compendia or evidence-based published dosing guidelines for the requested indication; *AND*
- 7. The member meets the applicable [Medical Necessity Criteria for Initial Clinical Review](#) or [Subsequent Clinical Review](#) listed below.

Medical Necessity Criteria for Initial Clinical Review

Initial Indication-Specific Criteria

Established Atherosclerotic Cardiovascular Disease (ASCVD)

The Plan considers [Praluent \(alirocumab\)](#) or [Repatha \(evolocumab\)](#) medically necessary when ALL the following are met:

- 8. The member meets the above applicable [General Medical Necessity Criteria](#); *AND*
- 9. The member has clinical documentation showing a history of established ASCVD, defined as ONE (1) or more of the following:
 - a. History of acute coronary syndrome/myocardial infarction; *or*
 - b. Stable or unstable angina; *or*
 - c. Coronary or other arterial revascularization; *or*
 - d. Stroke or transient ischemic attack; *or*
 - e. Peripheral arterial disease; *or*
 - f. Other documented atherosclerotic disease (coronary/carotid/peripheral); *AND*
- 10. The member meets ONE (1) of the following^[s]:

- a. Current LDL-C level ≥ 55 mg/dL after a minimum three-month trial with at least TWO (2) high-intensity statins (totaling 6 months) used in combination with ezetimibe; *or*
- b. Current LDL-C level ≥ 55 mg/dL and the member has a documented contraindication or intolerance to statins.

If the above prior authorization criteria are met, Praluent (alirocumab) or Repatha (evolocumab) will be approved for up to 6-months.^[s]

Reducing the Risk of Cardiovascular Events

The Plan considers Praluent (alirocumab) or Repatha (evolocumab) medically necessary when ALL the following are met:

- 8. The member meets the above applicable [General Medical Necessity Criteria](#); *AND*
- 9. The member is at high risk for a major cardiovascular event (see Appendix C, Table 2); *AND*
- 10. The member has one ONE (1) of the following (see [Appendix C, Table 3](#)):
 - a. Atherosclerotic cerebrovascular disease; *or*
 - b. Coronary artery disease; *or*
 - c. Peripheral arterial disease; *or*
 - d. High-risk diabetes mellitus; *AND*
- 11. The member meets ALL of the following:
 - a. No evidence of a history of myocardial infarction; *and*
 - b. No evidence of a history of stroke; *AND*
- 12. The requested medication is being used for primary prevention of cardiovascular events; *AND*
- 13. The member meets ONE (1) of the following^[s]:
 - a. Current LDL-C level ≥ 55 mg/dL after a minimum three-month trial with at least TWO (2) high-intensity statins (totaling 6 months) used in combination with ezetimibe; *or*
 - b. Current LDL-C level ≥ 55 mg/dL and the member has a documented contraindication or intolerance to statins.

If the above prior authorization criteria are met, Praluent (alirocumab) or Repatha (evolocumab) will be approved for up to 6-months.^[s]

Treatment of Primary Hyperlipidemia, including Heterozygous Familial Hypercholesterolemia (HeFH)

The Plan considers Proprotein Convertase Subtilisin/Kexin Type 9 (PCSK9) Inhibitors medically necessary when ALL the following are met:

- 8. The member meets the above applicable [General Medical Necessity Criteria](#); *AND*
- 9. The member meets ONE of the following:
 - a. The member has had an LDL-C level ≥ 190 mg/dL before any lipid-lowering therapies; *or*
 - b. *The member is an adult and has a coronary artery calcium (CAC) score of ≥ 300 AU; or*

- c. *IF the member is less than 18 years of age and has HEFH, the member has had an LDL-C level ≥ 160 mg/dL before any lipid-lowering therapies; AND*
10. The member meets ONE (1) of the following^[5]:
- a. Current LDL-C level ≥ 100 mg/dL after a minimum three-month trial with at least TWO (2) high-intensity statins (totaling 6 months) and meets ONE (1) of the following:
 - i. Used in combination with ezetimibe; *or*
 - ii. Has a documented contraindication or intolerance to ezetimibe; *or*
 - b. Current LDL-C level ≥ 100 mg/dL and the member has a documented contraindication or intolerance to statins.
 - c. IF the member has HeFH, current LDL-C level ≥ 70 mg/dL after a minimum three-month trial with at least TWO (2) high-intensity statins (totaling 6 months) and meets ONE (1) of the following:
 - i. Used in combination with ezetimibe; *or*
 - ii. Has a documented contraindication or intolerance to ezetimibe; *or*
 - d. IF the member has HeFH, current LDL-C level ≥ 70 mg/dL and the member has a documented contraindication or intolerance to statins.

If the above prior authorization criteria are met, a Proprotein Convertase Subtilisin/Kexin Type 9 (PCSK9) Inhibitor will be approved for up to 6-months.^[5]

Treatment of Homozygous Familial Hypercholesterolemia (HoFH)

The Plan considers Leqvio (inclisiran), Praluent (alirocumab) or Repatha (evolocumab) medically necessary when ALL the following are met:

- 8. The member meets the above applicable [General Medical Necessity Criteria](#); *AND*
 - 9. The member has a diagnosis of HoFH confirmed by ONE (1) of the following:
 - a. Genetic testing demonstrating a mutation at the LDL receptor, ApoB, PCSK9, or ARH adaptor protein gene; *or*
 - b. Untreated LDL-C higher than 500 mg/dL or treated LDL-C ≥ 300 mg/dL and ONE (1) of the following:
 - i. Presence of cutaneous or tendinous xanthoma before the age of 10 years; *or*
 - ii. Elevated LDL-C levels consistent with heterozygous familial hypercholesterolemia in both parents; *AND*
10. The member meets ONE (1) of the following^[5]:
- a. Current LDL-C level ≥ 100 mg/dL after a minimum three-month trial with at least TWO (2) high-intensity statins (totaling 6 months) and meets ONE (1) of the following:
 - i. Used in combination with ezetimibe; *or*
 - ii. Has a documented contraindication or intolerance to ezetimibe; *or*
 - b. Current LDL-C level ≥ 100 mg/dL and the member has a documented contraindication or intolerance to statins.

If the above prior authorization criteria are met, Leqvio (inclisiran), Praluent (alirocumab) or Repatha (evolocumab) will be approved for up to 6-months.^[s]

Continued Care

Medical Necessity Criteria for Subsequent Clinical Review

Subsequent Medical Necessity Criteria

The Plan considers Proprotein Convertase Subtilisin/Kexin Type 9 (PCSK9) Inhibitors medically necessary when ALL the following are met:

1. The member meets the above applicable [General Medical Necessity Criteria](#); *AND*
2. The member has chart documentation demonstrating ONE (1) of the following:
 - a. A reduction in LDL-C since starting therapy; *or*
 - b. Achievement and maintenance of LDL-C goal; *AND*
3. The member will continue to receive maximally tolerated statin therapy, unless contraindicated or not tolerated; *AND*
4. The member is not receiving concurrent therapy with another PCSK9 inhibitor; *AND*
5. The requested medication is being prescribed at a dose and frequency that is within FDA approved labeling OR is supported by compendia or evidence-based published dosing guidelines for the requested indication.

If the above reauthorization criteria are met, the requested product will be authorized for up to 12 months.^[s]

Experimental or Investigational or Unproven / Not Medically Necessary^[s]

PCSK9 Inhibitors for any other indication is considered not medically necessary by the Plan, as it is deemed to be experimental, investigational, unproven, or not medically necessary.

Applicable Billing Codes

Table 1	
CPT/HCPCS codes considered medically necessary if criteria are met:	
<i>Code</i>	<i>Description</i>
J1306	Leqvio Injection, inclisiran, 1 mg
C9399	Lerochol, Praluent, Repatha Unclassified drugs or biologicals

Table 1	
CPT/HCPCS codes considered medically necessary if criteria are met:	
<i>Code</i>	<i>Description</i>
J3590	Lerochol, Praluent, Repatha Unclassified biologics

Table 2	
ICD-10 diagnosis codes considered medically necessary with Table 1 (CPT/HCPCS) codes if criteria are met:	
Code	Description
E78.0	Pure hypercholesterolemia
E78.00	Pure hypercholesterolemia, unspecified
E78.01	Familial hypercholesterolemia
E78.010	Homozygous familial hypercholesterolemia
E78.011	Heterozygous familial hypercholesterolemia
E78.019	Familial hypercholesterolemia, unspecified
E78.2	Mixed hyperlipidemia
E78.49	Other hyperlipidemia
E78.5	Hyperlipidemia, unspecified
I25.10	Atherosclerotic heart disease of native coronary artery without angina pectoris
I25.110	Atherosclerotic heart disease of native coronary artery with unstable angina pectoris
I25.111	Atherosclerotic heart disease of native coronary artery with angina pectoris with documented spasm
I25.118	Atherosclerotic heart disease of native coronary artery with other forms of angina pectoris
I25.119	Atherosclerotic heart disease of native coronary artery with unspecified angina pectoris
I25.700	Atherosclerosis of coronary artery bypass graft(s), unspecified, with unstable angina pectoris

Table 2	
ICD-10 diagnosis codes considered medically necessary with Table 1 (CPT/HCPCS) codes if criteria are met:	
Code	Description
I25.701	Atherosclerosis of coronary artery bypass graft(s), unspecified, with angina pectoris with documented spasm
I25.708	Atherosclerosis of coronary artery bypass graft(s), unspecified, with other forms of angina pectoris
I25.709	Atherosclerosis of coronary artery bypass graft(s), unspecified, with unspecified angina pectoris
I25.710	Atherosclerosis of autologous vein coronary artery bypass graft(s) with unstable angina pectoris
I25.711	Atherosclerosis of autologous vein coronary artery bypass graft(s) with angina pectoris with documented spasm
I25.718	Atherosclerosis of autologous vein coronary artery bypass graft(s) with other forms of angina pectoris
I25.719	Atherosclerosis of autologous vein coronary artery bypass graft(s) with unspecified angina pectoris
I25.720	Atherosclerosis of autologous artery coronary artery bypass graft(s) with unstable angina pectoris
I25.721	Atherosclerosis of autologous artery coronary artery bypass graft(s) with angina pectoris with documented spasm
I25.728	Atherosclerosis of autologous artery coronary artery bypass graft(s) with other forms of angina pectoris
I25.729	Atherosclerosis of autologous artery coronary artery bypass graft(s) with unspecified angina pectoris
I25.730	Atherosclerosis of nonautologous biological coronary artery bypass graft(s) with unstable angina pectoris
I25.731	Atherosclerosis of nonautologous biological coronary artery bypass graft(s) with angina pectoris with documented spasm
I25.738	Atherosclerosis of nonautologous biological coronary artery bypass graft(s) with other forms of angina pectoris
I25.739	Atherosclerosis of nonautologous biological coronary artery bypass graft(s) with unspecified angina pectoris

Table 2	
ICD-10 diagnosis codes considered medically necessary with Table 1 (CPT/HCPCS) codes if criteria are met:	
Code	Description
I25.750	Atherosclerosis of native coronary artery of transplanted heart with unstable angina
I25.751	Atherosclerosis of native coronary artery of transplanted heart with angina pectoris with documented spasm
I25.758	Atherosclerosis of native coronary artery of transplanted heart with other forms of angina pectoris
I25.759	Atherosclerosis of native coronary artery of transplanted heart with unspecified angina pectoris
I25.760	Atherosclerosis of bypass graft of coronary artery of transplanted heart with unstable angina
I25.761	Atherosclerosis of bypass graft of coronary artery of transplanted heart with angina pectoris with documented spasm
I25.768	Atherosclerosis of bypass graft of coronary artery of transplanted heart with other forms of angina pectoris
I25.769	Atherosclerosis of bypass graft of coronary artery of transplanted heart with unspecified angina pectoris
I25.790	Atherosclerosis of other coronary artery bypass graft(s) with unstable angina pectoris
I25.791	Atherosclerosis of other coronary artery bypass graft(s) with angina pectoris with documented spasm
I25.798	Atherosclerosis of other coronary artery bypass graft(s) with other forms of angina pectoris
I25.799	Atherosclerosis of other coronary artery bypass graft(s) with unspecified angina pectoris
I25.810	Atherosclerosis of coronary artery bypass graft(s) without angina pectoris
I25.811	Atherosclerosis of native coronary artery of transplanted heart without angina pectoris
I25.812	Atherosclerosis of bypass graft of coronary artery of transplanted heart without angina pectoris
I67.2	Cerebral atherosclerosis

Table 2	
ICD-10 diagnosis codes considered medically necessary with Table 1 (CPT/HCPCS) codes if criteria are met:	
Code	Description
I70.0	Atherosclerosis of aorta
I70.1	Atherosclerosis of renal artery
I70.201	Unspecified atherosclerosis of native arteries of extremities, right leg
I70.202	Unspecified atherosclerosis of native arteries of extremities, left leg
I70.203	Unspecified atherosclerosis of native arteries of extremities, bilateral legs
I70.208	Unspecified atherosclerosis of native arteries of extremities, other extremity
I70.209	Unspecified atherosclerosis of native arteries of extremities, unspecified extremity
I70.211	Atherosclerosis of native arteries of extremities with intermittent claudication, right leg
I70.212	Atherosclerosis of native arteries of extremities with intermittent claudication, left leg
I70.213	Atherosclerosis of native arteries of extremities with intermittent claudication, bilateral legs
I70.218	Atherosclerosis of native arteries of extremities with intermittent claudication, other extremity
I70.219	Atherosclerosis of native arteries of extremities with intermittent claudication, unspecified extremity
I70.221	Atherosclerosis of native arteries of extremities with rest pain, right leg
I70.222	Atherosclerosis of native arteries of extremities with rest pain, left leg
I70.223	Atherosclerosis of native arteries of extremities with rest pain, bilateral legs
I70.228	Atherosclerosis of native arteries of extremities with rest pain, other extremity
I70.229	Atherosclerosis of native arteries of extremities with rest pain, unspecified extremity
I70.231	Atherosclerosis of native arteries of right leg with ulceration of thigh
I70.232	Atherosclerosis of native arteries of right leg with ulceration of calf
I70.233	Atherosclerosis of native arteries of right leg with ulceration of ankle

Table 2	
ICD-10 diagnosis codes considered medically necessary with Table 1 (CPT/HCPCS) codes if criteria are met:	
Code	Description
170.234	Atherosclerosis of native arteries of right leg with ulceration of heel and midfoot
170.235	Atherosclerosis of native arteries of right leg with ulceration of other part of foot
170.238	Atherosclerosis of native arteries of right leg with ulceration of other part of lower right leg
170.239	Atherosclerosis of native arteries of right leg with ulceration of unspecified site
170.241	Atherosclerosis of native arteries of left leg with ulceration of thigh
170.242	Atherosclerosis of native arteries of left leg with ulceration of calf
170.243	Atherosclerosis of native arteries of left leg with ulceration of ankle
170.244	Atherosclerosis of native arteries of left leg with ulceration of heel and midfoot
170.245	Atherosclerosis of native arteries of left leg with ulceration of other part of foot
170.248	Atherosclerosis of native arteries of left leg with ulceration of other part of lower left leg
170.249	Atherosclerosis of native arteries of left leg with ulceration of unspecified site
170.25	Atherosclerosis of native arteries of other extremities with ulceration
170.261	Atherosclerosis of native arteries of extremities with gangrene, right leg
170.262	Atherosclerosis of native arteries of extremities with gangrene, left leg
170.263	Atherosclerosis of native arteries of extremities with gangrene, bilateral legs
170.268	Atherosclerosis of native arteries of extremities with gangrene, other extremity
170.269	Atherosclerosis of native arteries of extremities with gangrene, unspecified extremity
170.291	Other atherosclerosis of native arteries of extremities, right leg
170.292	Other atherosclerosis of native arteries of extremities, left leg
170.293	Other atherosclerosis of native arteries of extremities, bilateral legs
170.298	Other atherosclerosis of native arteries of extremities, other extremity
170.299	Other atherosclerosis of native arteries of extremities, unspecified extremity

Table 2	
ICD-10 diagnosis codes considered medically necessary with Table 1 (CPT/HCPCS) codes if criteria are met:	
Code	Description
170.301	Unspecified atherosclerosis of unspecified type of bypass graft(s) of the extremities, right leg
170.302	Unspecified atherosclerosis of unspecified type of bypass graft(s) of the extremities, left leg
170.303	Unspecified atherosclerosis of unspecified type of bypass graft(s) of the extremities, bilateral legs
170.308	Unspecified atherosclerosis of unspecified type of bypass graft(s) of the extremities, other extremity
170.309	Unspecified atherosclerosis of unspecified type of bypass graft(s) of the extremities, unspecified extremity
170.311	Atherosclerosis of unspecified type of bypass graft(s) of the extremities with intermittent claudication, right leg
170.312	Atherosclerosis of unspecified type of bypass graft(s) of the extremities with intermittent claudication, left leg
170.313	Atherosclerosis of unspecified type of bypass graft(s) of the extremities with intermittent claudication, bilateral legs
170.318	Atherosclerosis of unspecified type of bypass graft(s) of the extremities with intermittent claudication, other extremity
170.319	Atherosclerosis of unspecified type of bypass graft(s) of the extremities with intermittent claudication, unspecified extremity
170.321	Atherosclerosis of unspecified type of bypass graft(s) of the extremities with rest pain, right leg
170.322	Atherosclerosis of unspecified type of bypass graft(s) of the extremities with rest pain, left leg
170.323	Atherosclerosis of unspecified type of bypass graft(s) of the extremities with rest pain, bilateral legs
170.328	Atherosclerosis of unspecified type of bypass graft(s) of the extremities with rest pain, other extremity
170.329	Atherosclerosis of unspecified type of bypass graft(s) of the extremities with rest pain, unspecified extremity

Table 2	
ICD-10 diagnosis codes considered medically necessary with Table 1 (CPT/HCPCS) codes if criteria are met:	
Code	Description
170.331	Atherosclerosis of unspecified type of bypass graft(s) of the right leg with ulceration of thigh
170.332	Atherosclerosis of unspecified type of bypass graft(s) of the right leg with ulceration of calf
170.333	Atherosclerosis of unspecified type of bypass graft(s) of the right leg with ulceration of ankle
170.334	Atherosclerosis of unspecified type of bypass graft(s) of the right leg with ulceration of heel and midfoot
170.335	Atherosclerosis of unspecified type of bypass graft(s) of the right leg with ulceration of other part of foot
170.338	Atherosclerosis of unspecified type of bypass graft(s) of the right leg with ulceration of other part of lower leg
170.339	Atherosclerosis of unspecified type of bypass graft(s) of the right leg with ulceration of unspecified site
170.341	Atherosclerosis of unspecified type of bypass graft(s) of the left leg with ulceration of thigh
170.342	Atherosclerosis of unspecified type of bypass graft(s) of the left leg with ulceration of calf
170.343	Atherosclerosis of unspecified type of bypass graft(s) of the left leg with ulceration of ankle
170.344	Atherosclerosis of unspecified type of bypass graft(s) of the left leg with ulceration of heel and midfoot
170.345	Atherosclerosis of unspecified type of bypass graft(s) of the left leg with ulceration of other part of foot
170.348	Atherosclerosis of unspecified type of bypass graft(s) of the left leg with ulceration of other part of lower leg
170.349	Atherosclerosis of unspecified type of bypass graft(s) of the left leg with ulceration of unspecified site
170.35	Atherosclerosis of unspecified type of bypass graft(s) of other extremity with ulceration

Table 2	
ICD-10 diagnosis codes considered medically necessary with Table 1 (CPT/HCPCS) codes if criteria are met:	
Code	Description
170.361	Atherosclerosis of unspecified type of bypass graft(s) of the extremities with gangrene, right leg
170.362	Atherosclerosis of unspecified type of bypass graft(s) of the extremities with gangrene, left leg
170.363	Atherosclerosis of unspecified type of bypass graft(s) of the extremities with gangrene, bilateral legs
170.368	Atherosclerosis of unspecified type of bypass graft(s) of the extremities with gangrene, other extremity
170.369	Atherosclerosis of unspecified type of bypass graft(s) of the extremities with gangrene, unspecified extremity
170.391	Other atherosclerosis of unspecified type of bypass graft(s) of the extremities, right leg
170.392	Other atherosclerosis of unspecified type of bypass graft(s) of the extremities, left leg
170.393	Other atherosclerosis of unspecified type of bypass graft(s) of the extremities, bilateral legs
170.398	Other atherosclerosis of unspecified type of bypass graft(s) of the extremities, other extremity
170.399	Other atherosclerosis of unspecified type of bypass graft(s) of the extremities, unspecified extremity
170.401	Unspecified atherosclerosis of autologous vein bypass graft(s) of the extremities, right leg
170.402	Unspecified atherosclerosis of autologous vein bypass graft(s) of the extremities, left leg
170.403	Unspecified atherosclerosis of autologous vein bypass graft(s) of the extremities, bilateral legs
170.408	Unspecified atherosclerosis of autologous vein bypass graft(s) of the extremities, other extremity
170.409	Unspecified atherosclerosis of autologous vein bypass graft(s) of the extremities, unspecified extremity

Table 2	
ICD-10 diagnosis codes considered medically necessary with Table 1 (CPT/HCPCS) codes if criteria are met:	
Code	Description
170.411	Atherosclerosis of autologous vein bypass graft(s) of the extremities with intermittent claudication, right leg
170.412	Atherosclerosis of autologous vein bypass graft(s) of the extremities with intermittent claudication, left leg
170.413	Atherosclerosis of autologous vein bypass graft(s) of the extremities with intermittent claudication, bilateral legs
170.418	Atherosclerosis of autologous vein bypass graft(s) of the extremities with intermittent claudication, other extremity
170.419	Atherosclerosis of autologous vein bypass graft(s) of the extremities with intermittent claudication, unspecified extremity
170.421	Atherosclerosis of autologous vein bypass graft(s) of the extremities with rest pain, right leg
170.422	Atherosclerosis of autologous vein bypass graft(s) of the extremities with rest pain, left leg
170.423	Atherosclerosis of autologous vein bypass graft(s) of the extremities with rest pain, bilateral legs
170.428	Atherosclerosis of autologous vein bypass graft(s) of the extremities with rest pain, other extremity
170.429	Atherosclerosis of autologous vein bypass graft(s) of the extremities with rest pain, unspecified extremity
170.431	Atherosclerosis of autologous vein bypass graft(s) of the right leg with ulceration of thigh
170.432	Atherosclerosis of autologous vein bypass graft(s) of the right leg with ulceration of calf
170.433	Atherosclerosis of autologous vein bypass graft(s) of the right leg with ulceration of ankle
170.434	Atherosclerosis of autologous vein bypass graft(s) of the right leg with ulceration of heel and midfoot
170.435	Atherosclerosis of autologous vein bypass graft(s) of the right leg with ulceration of other part of foot

Table 2	
ICD-10 diagnosis codes considered medically necessary with Table 1 (CPT/HCPCS) codes if criteria are met:	
Code	Description
170.438	Atherosclerosis of autologous vein bypass graft(s) of the right leg with ulceration of other part of lower leg
170.439	Atherosclerosis of autologous vein bypass graft(s) of the right leg with ulceration of unspecified site
170.441	Atherosclerosis of autologous vein bypass graft(s) of the left leg with ulceration of thigh
170.442	Atherosclerosis of autologous vein bypass graft(s) of the left leg with ulceration of calf
170.443	Atherosclerosis of autologous vein bypass graft(s) of the left leg with ulceration of ankle
170.444	Atherosclerosis of autologous vein bypass graft(s) of the left leg with ulceration of heel and midfoot
170.445	Atherosclerosis of autologous vein bypass graft(s) of the left leg with ulceration of other part of foot
170.448	Atherosclerosis of autologous vein bypass graft(s) of the left leg with ulceration of other part of lower leg
170.449	Atherosclerosis of autologous vein bypass graft(s) of the left leg with ulceration of unspecified site
170.45	Atherosclerosis of autologous vein bypass graft(s) of other extremity with ulceration
170.461	Atherosclerosis of autologous vein bypass graft(s) of the extremities with gangrene, right leg
170.462	Atherosclerosis of autologous vein bypass graft(s) of the extremities with gangrene, left leg
170.463	Atherosclerosis of autologous vein bypass graft(s) of the extremities with gangrene, bilateral legs
170.468	Atherosclerosis of autologous vein bypass graft(s) of the extremities with gangrene, other extremity
170.469	Atherosclerosis of autologous vein bypass graft(s) of the extremities with gangrene, unspecified extremity

Table 2	
ICD-10 diagnosis codes considered medically necessary with Table 1 (CPT/HCPCS) codes if criteria are met:	
Code	Description
170.491	Other atherosclerosis of autologous vein bypass graft(s) of the extremities, right leg
170.492	Other atherosclerosis of autologous vein bypass graft(s) of the extremities, left leg
170.493	Other atherosclerosis of autologous vein bypass graft(s) of the extremities, bilateral legs
170.498	Other atherosclerosis of autologous vein bypass graft(s) of the extremities, other extremity
170.499	Other atherosclerosis of autologous vein bypass graft(s) of the extremities, unspecified extremity
170.501	Unspecified atherosclerosis of nonautologous biological bypass graft(s) of the extremities, right leg
170.502	Unspecified atherosclerosis of nonautologous biological bypass graft(s) of the extremities, left leg
170.503	Unspecified atherosclerosis of nonautologous biological bypass graft(s) of the extremities, bilateral legs
170.508	Unspecified atherosclerosis of nonautologous biological bypass graft(s) of the extremities, other extremity
170.509	Unspecified atherosclerosis of nonautologous biological bypass graft(s) of the extremities, unspecified extremity
170.511	Atherosclerosis of nonautologous biological bypass graft(s) of the extremities with intermittent claudication, right leg
170.512	Atherosclerosis of nonautologous biological bypass graft(s) of the extremities with intermittent claudication, left leg
170.513	Atherosclerosis of nonautologous biological bypass graft(s) of the extremities with intermittent claudication, bilateral legs
170.518	Atherosclerosis of nonautologous biological bypass graft(s) of the extremities with intermittent claudication, other extremity
170.519	Atherosclerosis of nonautologous biological bypass graft(s) of the extremities with intermittent claudication, unspecified extremity

Table 2	
ICD-10 diagnosis codes considered medically necessary with Table 1 (CPT/HCPCS) codes if criteria are met:	
Code	Description
170.521	Atherosclerosis of nonautologous biological bypass graft(s) of the extremities with rest pain, right leg
170.522	Atherosclerosis of nonautologous biological bypass graft(s) of the extremities with rest pain, left leg
170.523	Atherosclerosis of nonautologous biological bypass graft(s) of the extremities with rest pain, bilateral legs
170.528	Atherosclerosis of nonautologous biological bypass graft(s) of the extremities with rest pain, other extremity
170.529	Atherosclerosis of nonautologous biological bypass graft(s) of the extremities with rest pain, unspecified extremity
170.531	Atherosclerosis of nonautologous biological bypass graft(s) of the right leg with ulceration of thigh
170.532	Atherosclerosis of nonautologous biological bypass graft(s) of the right leg with ulceration of calf
170.533	Atherosclerosis of nonautologous biological bypass graft(s) of the right leg with ulceration of ankle
170.534	Atherosclerosis of nonautologous biological bypass graft(s) of the right leg with ulceration of heel and midfoot
170.535	Atherosclerosis of nonautologous biological bypass graft(s) of the right leg with ulceration of other part of foot
170.538	Atherosclerosis of nonautologous biological bypass graft(s) of the right leg with ulceration of other part of lower leg
170.539	Atherosclerosis of nonautologous biological bypass graft(s) of the right leg with ulceration of unspecified site
170.541	Atherosclerosis of nonautologous biological bypass graft(s) of the left leg with ulceration of thigh
170.542	Atherosclerosis of nonautologous biological bypass graft(s) of the left leg with ulceration of calf
170.543	Atherosclerosis of nonautologous biological bypass graft(s) of the left leg with ulceration of ankle

Table 2	
ICD-10 diagnosis codes considered medically necessary with Table 1 (CPT/HCPCS) codes if criteria are met:	
Code	Description
170.544	Atherosclerosis of nonautologous biological bypass graft(s) of the left leg with ulceration of heel and midfoot
170.545	Atherosclerosis of nonautologous biological bypass graft(s) of the left leg with ulceration of other part of foot
170.548	Atherosclerosis of nonautologous biological bypass graft(s) of the left leg with ulceration of other part of lower leg
170.549	Atherosclerosis of nonautologous biological bypass graft(s) of the left leg with ulceration of unspecified site
170.55	Atherosclerosis of nonautologous biological bypass graft(s) of other extremity with ulceration
170.561	Atherosclerosis of nonautologous biological bypass graft(s) of the extremities with gangrene, right leg
170.562	Atherosclerosis of nonautologous biological bypass graft(s) of the extremities with gangrene, left leg
170.563	Atherosclerosis of nonautologous biological bypass graft(s) of the extremities with gangrene, bilateral legs
170.568	Atherosclerosis of nonautologous biological bypass graft(s) of the extremities with gangrene, other extremity
170.569	Atherosclerosis of nonautologous biological bypass graft(s) of the extremities with gangrene, unspecified extremity
170.591	Other atherosclerosis of nonautologous biological bypass graft(s) of the extremities, right leg
170.592	Other atherosclerosis of nonautologous biological bypass graft(s) of the extremities, left leg
170.593	Other atherosclerosis of nonautologous biological bypass graft(s) of the extremities, bilateral legs
170.598	Other atherosclerosis of nonautologous biological bypass graft(s) of the extremities, other extremity
170.599	Other atherosclerosis of nonautologous biological bypass graft(s) of the extremities, unspecified extremity

Table 2	
ICD-10 diagnosis codes considered medically necessary with Table 1 (CPT/HCPCS) codes if criteria are met:	
Code	Description
170.601	Unspecified atherosclerosis of nonbiological bypass graft(s) of the extremities, right leg
170.602	Unspecified atherosclerosis of nonbiological bypass graft(s) of the extremities, left leg
170.603	Unspecified atherosclerosis of nonbiological bypass graft(s) of the extremities, bilateral legs
170.608	Unspecified atherosclerosis of nonbiological bypass graft(s) of the extremities, other extremity
170.609	Unspecified atherosclerosis of nonbiological bypass graft(s) of the extremities, unspecified extremity
170.611	Atherosclerosis of nonbiological bypass graft(s) of the extremities with intermittent claudication, right leg
170.612	Atherosclerosis of nonbiological bypass graft(s) of the extremities with intermittent claudication, left leg
170.613	Atherosclerosis of nonbiological bypass graft(s) of the extremities with intermittent claudication, bilateral legs
170.618	Atherosclerosis of nonbiological bypass graft(s) of the extremities with intermittent claudication, other extremity
170.619	Atherosclerosis of nonbiological bypass graft(s) of the extremities with intermittent claudication, unspecified extremity
170.621	Atherosclerosis of nonbiological bypass graft(s) of the extremities with rest pain, right leg
170.622	Atherosclerosis of nonbiological bypass graft(s) of the extremities with rest pain, left leg
170.623	Atherosclerosis of nonbiological bypass graft(s) of the extremities with rest pain, bilateral legs
170.628	Atherosclerosis of nonbiological bypass graft(s) of the extremities with rest pain, other extremity
170.629	Atherosclerosis of nonbiological bypass graft(s) of the extremities with rest pain, unspecified extremity

Table 2	
ICD-10 diagnosis codes considered medically necessary with Table 1 (CPT/HCPCS) codes if criteria are met:	
Code	Description
170.631	Atherosclerosis of nonbiological bypass graft(s) of the right leg with ulceration of thigh
170.632	Atherosclerosis of nonbiological bypass graft(s) of the right leg with ulceration of calf
170.633	Atherosclerosis of nonbiological bypass graft(s) of the right leg with ulceration of ankle
170.634	Atherosclerosis of nonbiological bypass graft(s) of the right leg with ulceration of heel and midfoot
170.635	Atherosclerosis of nonbiological bypass graft(s) of the right leg with ulceration of other part of foot
170.638	Atherosclerosis of nonbiological bypass graft(s) of the right leg with ulceration of other part of lower leg
170.639	Atherosclerosis of nonbiological bypass graft(s) of the right leg with ulceration of unspecified site
170.641	Atherosclerosis of nonbiological bypass graft(s) of the left leg with ulceration of thigh
170.642	Atherosclerosis of nonbiological bypass graft(s) of the left leg with ulceration of calf
170.643	Atherosclerosis of nonbiological bypass graft(s) of the left leg with ulceration of ankle
170.644	Atherosclerosis of nonbiological bypass graft(s) of the left leg with ulceration of heel and midfoot
170.645	Atherosclerosis of nonbiological bypass graft(s) of the left leg with ulceration of other part of foot
170.648	Atherosclerosis of nonbiological bypass graft(s) of the left leg with ulceration of other part of lower leg
170.649	Atherosclerosis of nonbiological bypass graft(s) of the left leg with ulceration of unspecified site
170.65	Atherosclerosis of nonbiological bypass graft(s) of other extremity with ulceration
170.661	Atherosclerosis of nonbiological bypass graft(s) of the extremities with gangrene, right leg

Table 2	
ICD-10 diagnosis codes considered medically necessary with Table 1 (CPT/HCPCS) codes if criteria are met:	
Code	Description
170.662	Atherosclerosis of nonbiological bypass graft(s) of the extremities with gangrene, left leg
170.663	Atherosclerosis of nonbiological bypass graft(s) of the extremities with gangrene, bilateral legs
170.668	Atherosclerosis of nonbiological bypass graft(s) of the extremities with gangrene, other extremity
170.669	Atherosclerosis of nonbiological bypass graft(s) of the extremities with gangrene, unspecified extremity
170.691	Other atherosclerosis of nonbiological bypass graft(s) of the extremities, right leg
170.692	Other atherosclerosis of nonbiological bypass graft(s) of the extremities, left leg
170.693	Other atherosclerosis of nonbiological bypass graft(s) of the extremities, bilateral legs
170.698	Other atherosclerosis of nonbiological bypass graft(s) of the extremities, other extremity
170.699	Other atherosclerosis of nonbiological bypass graft(s) of the extremities, unspecified extremity
170.701	Unspecified atherosclerosis of other type of bypass graft(s) of the extremities, right leg
170.702	Unspecified atherosclerosis of other type of bypass graft(s) of the extremities, left leg
170.703	Unspecified atherosclerosis of other type of bypass graft(s) of the extremities, bilateral legs
170.708	Unspecified atherosclerosis of other type of bypass graft(s) of the extremities, other extremity
170.709	Unspecified atherosclerosis of other type of bypass graft(s) of the extremities, unspecified extremity
170.711	Atherosclerosis of other type of bypass graft(s) of the extremities with intermittent claudication, right leg
170.712	Atherosclerosis of other type of bypass graft(s) of the extremities with intermittent claudication, left leg

Table 2	
ICD-10 diagnosis codes considered medically necessary with Table 1 (CPT/HCPCS) codes if criteria are met:	
Code	Description
170.713	Atherosclerosis of other type of bypass graft(s) of the extremities with intermittent claudication, bilateral legs
170.718	Atherosclerosis of other type of bypass graft(s) of the extremities with intermittent claudication, other extremity
170.719	Atherosclerosis of other type of bypass graft(s) of the extremities with intermittent claudication, unspecified extremity
170.721	Atherosclerosis of other type of bypass graft(s) of the extremities with rest pain, right leg
170.722	Atherosclerosis of other type of bypass graft(s) of the extremities with rest pain, left leg
170.723	Atherosclerosis of other type of bypass graft(s) of the extremities with rest pain, bilateral legs
170.728	Atherosclerosis of other type of bypass graft(s) of the extremities with rest pain, other extremity
170.729	Atherosclerosis of other type of bypass graft(s) of the extremities with rest pain, unspecified extremity
170.731	Atherosclerosis of other type of bypass graft(s) of the right leg with ulceration of thigh
170.732	Atherosclerosis of other type of bypass graft(s) of the right leg with ulceration of calf
170.733	Atherosclerosis of other type of bypass graft(s) of the right leg with ulceration of ankle
170.734	Atherosclerosis of other type of bypass graft(s) of the right leg with ulceration of heel and midfoot
170.735	Atherosclerosis of other type of bypass graft(s) of the right leg with ulceration of other part of foot
170.738	Atherosclerosis of other type of bypass graft(s) of the right leg with ulceration of other part of lower leg
170.739	Atherosclerosis of other type of bypass graft(s) of the right leg with ulceration of unspecified site

Table 2	
ICD-10 diagnosis codes considered medically necessary with Table 1 (CPT/HCPCS) codes if criteria are met:	
Code	Description
170.741	Atherosclerosis of other type of bypass graft(s) of the left leg with ulceration of thigh
170.742	Atherosclerosis of other type of bypass graft(s) of the left leg with ulceration of calf
170.743	Atherosclerosis of other type of bypass graft(s) of the left leg with ulceration of ankle
170.744	Atherosclerosis of other type of bypass graft(s) of the left leg with ulceration of heel and midfoot
170.745	Atherosclerosis of other type of bypass graft(s) of the left leg with ulceration of other part of foot
170.748	Atherosclerosis of other type of bypass graft(s) of the left leg with ulceration of other part of lower leg
170.749	Atherosclerosis of other type of bypass graft(s) of the left leg with ulceration of unspecified site
170.75	Atherosclerosis of other type of bypass graft(s) of other extremity with ulceration
170.761	Atherosclerosis of other type of bypass graft(s) of the extremities with gangrene, right leg
170.762	Atherosclerosis of other type of bypass graft(s) of the extremities with gangrene, left leg
170.763	Atherosclerosis of other type of bypass graft(s) of the extremities with gangrene, bilateral legs
170.768	Atherosclerosis of other type of bypass graft(s) of the extremities with gangrene, other extremity
170.769	Atherosclerosis of other type of bypass graft(s) of the extremities with gangrene, unspecified extremity
170.791	Other atherosclerosis of other type of bypass graft(s) of the extremities, right leg
170.792	Other atherosclerosis of other type of bypass graft(s) of the extremities, left leg
170.793	Other atherosclerosis of other type of bypass graft(s) of the extremities, bilateral legs

Table 2	
ICD-10 diagnosis codes considered medically necessary with Table 1 (CPT/HCPCS) codes if criteria are met:	
Code	Description
I70.798	Other atherosclerosis of other type of bypass graft(s) of the extremities, other extremity
I70.799	Other atherosclerosis of other type of bypass graft(s) of the extremities, unspecified extremity
I70.8	Atherosclerosis of other arteries
I70.90	Unspecified atherosclerosis
I70.91	Generalized atherosclerosis
I70.92	Chronic total occlusion of artery of the extremities

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Appendix A

Table 3: PCSK9 Inhibitors

Preferred	Non-preferred
Praluent (alirocumab)	Leqvio (inclisiran) Lerochol (lerodalcibep-liga) Repatha (evolocumab)

NOTE: Prior Authorization is required for all listed products.

Appendix B

The treatment of dyslipidemia involves multiple considerations, as recommended by several prominent professional organizations, including the American College of Cardiology, the American Heart Association, and the American Association of Clinical Endocrinology.

1. Treatment Goals
 - Reduction of elevated atherogenic cholesterol to prevent cardiovascular events
 - Reduction of elevated triglyceride levels to prevent acute pancreatitis
 - Administration of statin therapy to patients with known cardiovascular disease regardless of baseline LDL-C levels
 - Risk assessment for primary prevention of cardiovascular disease in high-risk patients
2. Treatment Targets
 - The intensity of statin therapy for desired reduction of LDL-C levels is set by the American College of Cardiology/American Heart Association guidelines.
 - LDL-C and non-HDL-C levels are set by the American Association of Clinical Endocrinology guideline and National Lipid Association guideline.
3. Treatment Options
 - Lifestyle changes
 - Pharmacologic therapy based on LDL-C levels and risk assessment
4. Recommendations for Specialist Referral
 - Patients with suspected primary or familial forms of dyslipidemia
 - Pregnant patients
 - Patients with diagnosed homozygous or severe heterozygous familial hypercholesterolemia

- Patients with severe hypertriglyceridemia

These guidelines provide a framework for the management of dyslipidemia, with the ultimate goal of reducing the risk of atherosclerotic cardiovascular disease and associated events. The following tables summarize key recommendations from these diverse guidelines, highlighting the importance of individualized patient care based on specific clinical conditions, tolerability, and potential drug-drug interactions. Regular follow-ups are essential to ensure adherence to therapy and to assess response and side effects.

Summary of Recommendations

Treatment Goals	Specific Recommendations
Reduce atherogenic cholesterol	Use high-intensity statin therapy to reduce LDL-C levels by 50% or more
Reduce triglyceride levels	Depending on severity, recommend lifestyle changes, fibrates, omega-3 fatty acids, or nicotinic acid
Secondary prevention in patients with known CVD	Use high-intensity or maximally tolerated statin therapy
Primary prevention	Statin therapy for patients aged 40-75 years with $\geq 7.5\%$ 10-year ASCVD risk; lifestyle modifications for all adults

Treatment Intensity	LDL-C Reduction
High Intensity	Reduce LDL-C by 50% or more
Moderate Intensity	Reduce LDL-C by 30%-49%
Low Intensity	Reduce LDL-C by less than 30%

AACE Risk Category	LDL-C (mg/dL)	Non-HDL-C (mg/dL)
Extreme Risk	<55	<80
Very High Risk	<70	<100
High Risk	<100	<130
Moderate Risk	<100	<130
Low Risk	<130	<160

Treatment Options	Specific Recommendations
Lifestyle Changes	Attain and maintain a healthy BMI, healthy diet, physical exercise, cessation of tobacco and alcohol use
Pharmacologic Therapy	Based on LDL-C levels and risk assessment, consider statins, PCSK9 inhibitors, ezetimibe, and monoclonal antibodies

Recommendation for Specialist Referral	Specific Cases
Primary or familial forms of dyslipidemia	LDL-C level ≥ 190 mg/dL
Pregnancy	Consider non-statin therapies
Diagnosed familial hypercholesterolemia	Treatment intensification as needed
Severe hypertriglyceridemia	Specialist treatment as needed

Appendix C

Table 4: High Risk for Major Cardiovascular Events

Polyvascular disease, defined as coronary, carotid, or peripheral artery stenosis $\geq 50\%$ at a second location of vascular disease
Diabetes mellitus or metabolic syndrome in a patient with coronary, carotid, or peripheral artery disease
Most recent LDL > 130 mg/dL (> 3.4 mmol/L) or non-HDL > 160 mg/dL (> 4.2 mmol/L)
High sensitive c-reactive protein > 3.0 mg/dL
Current smoker
Men > 65 years of age, women > 70 years of age
2 or more coronary revascularizations (percutaneous or surgical) at least 6 months apart (the most recent CABG may not be within the past 1 year)
2 or more carotid revascularizations (percutaneous or surgical) at least 6 months apart
eGFR < 45 mL/min/1.73 m ²

Table 5: High Cardiovascular Risk Factors - Vascular Disease Evidence

Diagnosis of vascular disease	Evidence supporting diagnosis
Coronary artery disease (at least 1 of the following) without a prior MI:	<ul style="list-style-type: none"> Documented coronary artery disease in ≥ 2 major territories (right, left anterior descending, circumflex) of at least 50% or involving the left main

Diagnosis of vascular disease	Evidence supporting diagnosis
	coronary artery of at least 30% diagnosed by invasive or non-invasive coronary imaging <ul style="list-style-type: none"> ● PCI or CABG > 1 year ago with residual or new disease defined as $\geq 50\%$ stenosis in a non-revascularized major epicardial vessel with invasive or non-invasive imaging ● Coronary artery calcium score ≥ 100
Cerebrovascular disease (at least 1 of the following) without a prior stroke:	<ul style="list-style-type: none"> ● Prior transient ischemic attack not due to cardioembolism with $\geq 50\%$ stenosis in either carotid ● Atheromatous plaque in 2 or more segments of the carotid arteries of $\geq 50\%$ ● Prior carotid revascularization
Peripheral arterial disease without claudication:	<ul style="list-style-type: none"> ● Invasive or non-invasive imaging evidence of atherosclerosis in any arterial segment in the periphery (excludes vessels in the head, neck, and coronaries) of $\geq 50\%$ and at least one of the following: <ul style="list-style-type: none"> ○ Second peripheral artery with > 50% stenosis ○ Atheroma of the thoracic or abdominal aorta ○ ABI < 0.90
Diabetes mellitus with 1 of the following:	<ul style="list-style-type: none"> ● Diabetic nephropathy with either microalbuminuria or estimated glomerular filtration rate (eGFR) < 60 mL/min/1.73 m² ● Stage IV retinopathy ● > 50 years of age and current treatment with insulin ● > 50 years of age and diagnosis ≥ 10 years ago

ABI, ankle brachial index; CABG, coronary artery bypass grafting; PCI, percutaneous coronary intervention.

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