1. **Four Statin Benefit Groups**

- **Individuals with clinical athero-sclerotic cardiovascular disease (ASCVD)**
  - acute coronary syndromes, or a history of myocardial infarction, stable or unstable angina, coronary or other arterial revascularization, stroke, TIA, or peripheral arterial disease presumed to be of atherosclerotic origin – without New York Heart Association (NYHA) class II-IV heart failure or receiving hemodialysis.

- **Individuals with primary elevations of low-density lipoprotein cholesterol (LDL-C) \( \geq 190 \text{ mg/dL} \).**

- **Individuals 40-75 years of age with diabetes, and LDL-C 70-189 mg/dL without clinical ASCVD.**

- **Individuals without clinical ASCVD or diabetes, who are 40-75 years of age with LDL-C 70-189 mg/dL, and have an estimated 10-year ASCVD risk of 7.5% or higher.**

2. **Individuals in the fourth group can be identified by using the new Pooled Cohort Equations for ASCVD risk prediction, developed by the Risk Assessment Work Group.**

3. **Lifestyle modification** (i.e., adhering to a heart healthy diet, regular exercise habits, avoidance of tobacco products, and maintenance of a healthy weight) remains a critical component of health promotion and ASCVD risk reduction, both prior to and in concert with the use of cholesterol-lowering drug therapies.

4. **There is no evidence to support continued use of specific LDL-C and/or non-high-density lipoprotein cholesterol (non–HDL-C) treatment targets.** It’s important to have a physician-patient discussion about risk before the statin is prescribed for those who have \( \geq 7.5\% \) risk.

5. **This guideline recommends use of the new Pooled Cohort Equations to estimate 10-year ASCVD risk in both white and black men and women.**

For additional information, visit CardioSource.org/Prevention