



## Clinical Practice Guideline 2008 Key Points Cholesterol

Provided by:

**Highmark Cardiology Clinical Quality Improvement Committee**

In accordance with Highmark's commitment to quality care, the Highmark Cardiology Quality Improvement Committee, consisting of network Primary Care Physicians and Specialists, has adopted the National Heart, Lung, and Blood Institute's (NHLBI) Clinical Practice Recommendations as appropriate for use throughout the Highmark networks.

### Selected Clinical Guidelines

The full NHLBI ATP III guidelines, the New – ATP III Update 2004, and several related tools, including a risk assessment tool based on the Framingham Heart Study, are available on the following World Wide Web site: <http://www.nhlbi.nih.gov/guidelines/cholesterol/index.htm>

### **KEY POINTS**

Some flexibility in specific cases will require deviations from guideline recommendations. All providers are responsible for individualizing recommendations to the specific clinical characteristics of each patient. Be sure to document reasons for not prescribing evidence-based drugs.

- An LDL of < 100 mg/dL is the target for **high-risk** patients. High-risk patients are individuals with a greater than 20 percent chance of having a heart attack in 10 years.<sup>1</sup>
- An LDL target of < 70 mg/dL is a therapeutic option for **very high-risk** patients<sup>2</sup>. Very high risk is defined as patients with cardiovascular disease together with multiple major risk factors (especially diabetes), severe and poorly controlled risk factors (especially continued cigarette smoking), multiple risk factors of the metabolic syndrome (especially high triglycerides  $\geq$  200mg/dL plus non-HDL-C  $\geq$  130mg/dL with low HDL-C [ $<$ 40mg/dL]), and patients with acute coronary syndromes.
- For high-risk patients the threshold for cholesterol-lowering drug treatment is 100mg/dL or above, and it is recommended that patients with LDL 100-129mg/dL receive cholesterol-lowering drug therapy.
- When LDL-lowering drug therapy is used in high- and moderately high-risk patients, it is advised that the intensity of therapy be sufficient to achieve at least a 30 to 40 percent reduction in LDL levels.
- HDL < 40 mg/dL is considered a major risk factor (previously < 35 mg/dL)
- High triglyceride levels are significantly linked to the degree of heart disease risk. Therefore, acceptable level recommendations have decreased significantly to include:
  - ❖ Borderline high 150-199 mg/dL (previously, 200-400 mg/dL)
  - ❖ High 200-499 (previously, 400-1,000 mg/dL)
  - ❖ Very high  $\geq$  500 (previously, > 1,000 mg/dL)
- More emphasis should be placed on diet. Please note the following recommendations:
  - ❖ Saturated fat should be < 7% of total calories
  - ❖ Total fat intake should be 25-35% of total calories
  - ❖ Carbohydrates should account for 50-60% of total calories
  - ❖ Protein should account for approximately 15% of total calories
  - ❖ 20-30 grams of dietary fiber daily
- Stress the need for weight control and discuss the "metabolic syndrome" (excessive abdominal fat, hypertension, elevated triglycerides, low HDL and insulin resistance).
- Emphasize that statins are the most effective and practical class of drugs for reducing LDL-cholesterol levels and reduce the risk of essentially every clinical manifestation of the atherosclerotic process.
- Advise against the use of hormone replacement therapy (HRT) as an alternative to cholesterol - lowering drugs.

Physicians are encouraged to reference the Highmark Drug Formulary when selecting prescription drug therapy for eligible members, which may be found at <http://highmark.formularies.com/>.

Members with a Select (formerly the Highmark Closed Formulary) benefit do not have coverage for nonformulary drugs. When selecting prescription drug therapy for eligible Medicare Advantage members, please consider referencing the Highmark Medicare-Approved Formulary which may be found at <http://highmark.medicare-approvedformularies.com>.

If appropriate, consider prescribing medications included in the formulary to avoid noncovered expenses for your patient. Physicians may request to have a nonformulary drug covered for an individual patient. Evidence to support the ineffectiveness of formulary alternatives for the particular patient's condition or a reasonable expectation of adverse reactions from the use of formulary products must be submitted for a request to be considered.

Instructions and the request form for this process are located on the Provider Resource Center under "Provider Forms".

**\*NOTE: Formulary limitations may apply – for more information, please refer to the paragraph below.**

### Additional References

- Guidelines for Cardiovascular Disease Prevention in Women  
<http://circ.ahajournals.org/cgi/reprint/01.CIR.0000114834.85476.81v1.pdf>

### Resources For Your Highmark Patients

- Blues On Call<sup>SM</sup> nurse Health Coaches are available 24/7 to provide one-on-one telephonic support for patients regarding chest pain and many other health topics. Your Highmark patients can reach Blues On Call at 1-888-258-3428 (1-888-BLUE 428) toll free.
- The Dr. Dean Ornish Program for Reversing Heart Disease<sup>®</sup> is currently available at nine western Pennsylvania hospitals. Participants in this 12-month long lifestyle improvement program have experienced improved lipid panels, weight loss, decreased blood pressure, and better blood glucose control. (*Applicants with Diabetes, CHD or risk factors may qualify*)
- Ornish Advantage is a six-week program for those who want to learn more about modifying their lifestyle to prevent heart disease. It is designed as an introduction to the Dr. Dean Ornish Program for Reversing Heart Disease<sup>®</sup>. Each session is delivered by a highly trained team of clinical professionals and includes both lectures and interactive lifestyle improvement activities. For more information about The Dr. Dean Ornish Program for Reversing Heart Disease<sup>®</sup> or Ornish Advantage call 1-800-879-2217.
- In addition, the following wellness programs are offered through the Preventive Health Services Network:
  - ❖ Personal Nutrition Coaching
  - ❖ Eat Well for Life, a hands on nutrition program for life-long weight management
  - ❖ Discover Relaxation Within, to help manage stress
  - ❖ Clear the Air, to help you quit smoking
  - ❖ HOPE, to help manage or prevent osteoporosis

For more information, call 1-800-879-2217.

- On-line "Improve Your Health" programs are available at [www.highmark.com](http://www.highmark.com):
  - ❖ *HealthMedia® Balance™* – A weight management program
  - ❖ *HealthMedia® Nourish™* – A nutrition program
  - ❖ *HealthMedia® Breathe™* – A smoking cessation program
  - ❖ *HealthMedia® Relax™* – A stress management program
  - ❖ *HealthMedia® Care™ For Your Health* – A self management program for chronic conditions

To access Highmark's "Improve Your Health" programs:

- Direct your Highmark patients to go to Highmark's website at [www.highmark.com](http://www.highmark.com) and select the web address for the plan that serves them.

- Log in to the member website. Not registered? Select “click here to get a password”
- HealthMedia programs can be found by clicking the tab heading on the top of the home page called “Your Health” and then selecting “Improve Your Health” from the list of topics on the left side of the page

**As with any insurance, members are eligible for services only as long as they are active members of the plan and the services are covered benefits of their group or direct pay contract.**

<sup>1</sup> High-risk includes:

- Patients with Coronary Heart Disease (CHD), including a history of myocardial infarction, unstable angina, stable angina, coronary artery procedures, or evidence of clinically significant myocardial ischemia.
- Patients with CHD risk equivalents, including clinical manifestations of non-coronary forms of atherosclerotic disease, diabetes, and 2+ risk factors\* with 10-year risk for hard CHD >20% (10-year risk for hard CHD is calculated using recent data from the Framingham Heart Study).

\*Risk factors include cigarette smoking, hypertension, low HDL cholesterol, and family history of premature CHD.

<sup>2</sup> ATP III Update 2004: Implications of Recent Clinical Trials for the ATP III Guidelines, Page 232.