



Recommendation

Strength of
recommendation

Certainty of
evidence

In people with ACS, prior to hospital discharge, initiate and continue indefinitely the highest tolerated dose of HMG-CoA reductase inhibitors (statins), unless contraindicated or completely statin intolerant.

Strong

High

In people with ACS with initial or partial intolerance to statin, consider using a different statin, dose or dosing frequency to achieve person-specific therapeutic objectives.

Weak

Low

In people with ACS, an initial target low-density lipoprotein cholesterol (LDL-C) level of <1.4 mmol/L and a reduction of at least 50% from baseline is recommended, with further benefit gained from treating to the lowest achievable level.

Consensus

In people with ACS with a suboptimal LDL-C level despite statin therapy or who are statin intolerant, consider adding ezetimibe.

Weak

Moderate

In people with ACS with a suboptimal LDL-C level despite maximally tolerated statin therapy and ezetimibe, give PCSK9 inhibitors.

Strong

High