

Supplementary Material

Example Search Strategy

((Cardiovascular Diseases/
OR (exp Aortic Aneurysm/
OR (exp Myocardial Ischemia/
OR (exp ARTERIOSCLEROSIS/
OR (exp Cerebrovascular Disorders/
OR (Peripheral Vascular Diseases/
OR (exp Heart Failure/
OR ((cardiovascular adj3 disease*).mp.)
OR ((coronary adj3 disease*).mp.)
OR (heart disease*.mp.)
OR ((stroke* or cerebrovasc* or cva*).mp.)
OR ((aort* adj5 aneurysm).mp.)
OR ((abdominal adj5 aneurysm).mp.)
OR ((thoracoabdominal adj5 aneurysm).mp.)
OR ((arteri* adj3 occlusi*).mp.)
OR ((arteri* adj3 stenosis).mp.)
OR ((peripher* adj5 occlusi*).mp.)
OR ((peripher* adj5 arteri*).mp.)
OR ((peripher* adj5 vascular).mp.)
OR (heart failure.mp.)
OR (atherosclerosis.mp.)
OR (arteriosclerosis.mp.)
OR (HYPERTENSION/
OR (Hyperlipidemias/
OR (Diabetes Mellitus/
OR (hypertension.mp.)
OR (hyperlipid?emia.mp.)
OR (dyslipid?emia.mp.)
OR (cholesterol.mp.)
OR (diabetes.mp.)
OR (metabolic syndrome.mp.))

AND

((Cardiovascular Diseases/pc [Prevention & Control])

OR (Secondary Prevention/)
OR (Risk Assessment/)
OR ((established adj3 disease).mp.)
OR ((subsequent adj3 event*).mp.)
OR ((recurrent adj3 event*).mp.)
OR ((multiple adj3 event*).mp.)
OR ((secondary adj3 prevention).mp.)
OR ((subsequent adj3 episode*).mp.)
OR ((recurrent adj3 episode*).mp.)
OR ((prior adj3 cardiovascular).mp.)
OR ((previous adj3 cardiovascular).mp.)
OR ((multiple adj3 episode*).mp.))

AND

((Critical Pathways/)
OR (exp Clinical Protocols/)
OR (exp CONSENSUS/)
OR (exp Consensus Development Conference/)
OR (exp Consensus Development Conferences as Topic/)
OR (exp GUIDELINE/)
OR (Guidelines as Topic/)
OR (exp Practice Guideline/)
OR (Practice Guidelines as Topic/)
OR (Health Planning Guidelines/)
OR ((guideline or practice guideline or consensus development conference or consensus development conference, NIH).pt.)
OR ((position statement* or policy statement* or practice parameter* or best practice*).ti,ab,kf,kw.
(standards or guideline or guidelines).ti,kf,kw.)
OR (((practice or treatment* or clinical) adj guideline*).ab.)
OR ((CPG or CPGs).ti.)
OR (consensus*.ti,kf,kw.)
OR (consensus*.ab. /freq=2)
OR (((critical or clinical or practice) adj2 (path or paths or pathway or pathways or protocol*)).ti,ab,kf,kw.)
OR (recommendat*.ti,kf,kw.)
OR ((care adj2 (standard or path or paths or pathway or pathways or map or maps or plan or plans)).ti,ab,kf,kw.)

OR ((algorithm* adj2 (screening or examination or test or tested or testing or assessment* or diagnosis or diagnoses or diagnosed or diagnosing)).ti,ab,kf,kw.)

OR ((algorithm* adj2 (pharmacotherap* or chemotherap* or chemotreatment* or therap* or treatment* or intervention*)).ti,ab,kf,kw.))

NOT

((comment.pt.)

OR (letter.pt.)

OR (editorial.pt.))

Limit results to English language

Limit results to yr="2010 -Current"

Table S1: Summary of Non-Statins Medication Recommendations

Guideline	Ezetimibe			Fibrates			PCSK9 Inhibitors			Others		
	Recom.	LoE	SoR	Recom.	LoE	SoR	Recom.	LoE	SoR	Recom.	LoE	SoR
ACD	If max statins and LDL \geq 1.8 mmol/l, +	B-R	Ila	If trigs \geq 5.7 mmol/l	B -NR	Ila	If max LLM, non-HDL \geq 2.6 or LDL \geq 1.8 mmol/l, +	A	Ila	--	--	--
AUSS	--	--	--	Not routine	Mod	Weak	--	--	--	--	--	--
AUST	First-line option	--	--	If trigs \geq 5.6 mmol/l For lowering LDL, 2 nd choice	--	--	--	--	--	For lowering LDL, BAS Niacin 2 nd choice If trigs \geq 5.6 mmol/l Niacin Omega-3 3-4g	--	--
CCSG	If max statins, +	High	Strong	For lowering LDL once met, + not recommended If high trigs, low HDL, may benefit	High	Strong	If max statins (+ezetimibe), consider +	Mod	Cond	For lowering LDL once met, + niacin not recommended If max statins (+ezetimibe), consider + BAS	High	Strong

CSN	--	--	--	--	--	--	--	--	--	--	--	--
ESCEAS	If max statins and LDL above target, + If statin intolerant, consider	B C	I IIa	If trigs >2.3 mmol/l and LDL at target, consider + feno- or bezafibrate	C	IIa	If max statin + ezetimibe, + If statin intolerant, consider + ezetimibe	A C	I IIb	If max statins, consider + BAS If trigs 1.5-5.6 mmol/l, consider + Omega-3	C	IIb
ESVS	--	--	--	--	--	--	--	--	--	--	--	--
HKCTF	If max statins, + If statin intolerant	--	--	If very high trigs	--	--	--	--	--	If low HDL or high trigs, + nicotinic acid <u>If statin intolerant:</u> BAS Nicotinic acid	--	--
IAS	If max statins, LDL ≥ 1.8mmol/l, consider +	--	--	If high trigs, low HDL, target LDL, consider +	--	--	--	--	--	If max statins, LDL ≥1.8 mmol/l, consider + BAS <u>If high trigs, low HDL, target LDL, consider +:</u> Niacin	--	--

										High dose Omega-3	--	--
IDF	If max statins, consider + If statin intolerant	--	RC	If trigs > 2.3mmol/l, low HDL, consider fenofibrate	--	RC	--	--	--	<u>If max statins,</u> <u>consider +:</u> BAS Nicotinic Acid Omega-3 <u>If statin intolerant:</u> BAS Nicotinic Acid Omega-3	--	RC
JAS	+ with statins Monotherapy	1+	B	Monotherapy If high trigs, consider +	--	--	+ with statins	1+	B	BAS Omega-3 Nicotinic Acid	--	--
JBS3	If max statins, consider + 10mg If statin intolerant, consider 10mg	--	--	If trigs >10mmol/l	--	--	--	--	--	If max statins, consider BAS	--	--
NHF	If max statins, consider + 10mg	--	--	--	--	--	--	--	--	--	--	--

	If statin intolerant, consider 10mg											
NICE	--	--	--	--	--	--	--	--	--	--	--	--
NLA	If max statins, consider +	Mod	A	If max statins, consider +	Mod	A	--	--	--	<u>If max statins, consider +:</u>		
	If statin intolerant	High	A	If statin intolerant	High	A				BAS	Mod	A
										Omega-3	Mod	A
										Nicotinic Acid	Mod	A
										<u>If statin intolerance</u>		
										BAS	High	A
										Omega-3	High	A
										Nicotinic Acid	High	A
NZ	If statin intolerant, consider	--	--	If high trigs	--	--	--	--	--	If statin intolerant, consider niacin	--	--
				If statin intolerant, consider	--	--						
SAF	--	--	--	--	--	--	--	--	--	--	--	--
SAHA	If max statins, consider +	--	--	If trigs >2.3 mmol/l, fenofibrate	--	--	If max statins, consider +	--	--	<u>LDL lowering:</u>		
										BAS discouraged	--	--
										Nicotinic acid discouraged	--	--

											<u>If trigs >2.3 mmol/l:</u>		
											+ Omega-3 (2-4g)	--	--
											+ Nicotinic Acid	--	--
SAM	If max statins, +	--	--	If max statins, +	--	--	--	--	--	--	If low HDL, + niacin	--	--
				If trigs >5.6 mmol/l,	C	I					<u>If max statins:</u>		
				+							+ BAS	--	--
											+ Niacin	--	--
SIGN	If max statins, consider +	--	Strong	For lipid lowering, not routine	--	Strong	If max LLM, consider	--	Strong	If max statins, consider + BAS	--	Strong	
				If trigs high, low HDL, consider	--	GP				Nicotinic acid not recommended	--	Strong	
SMH	If max statins, +	1++	A	If low HDL, trigs 2.3-	2+	C	--	--	--	If max statins, + BAS	4	D	
	If statin intolerant	1++	A	4.5 mmol/l, consider +						If max statins, consider + niacin	1+	A	
				Prefer fenofibrate	3	D				If trigs ≥4.5 mmol/l, consider niacin	1+	A	
				If trigs >10 mmol/l	1+	A				If trigs >10 mmol/l, + Omega-3	1+	A	
TSC	+ with statin	A	I	--	--	--	--	--	--	--	--	--	--

PCSK9, Proprotein Convertase Subtilisin/Kexin type 9; LoE, Level of Evidence; SoR, Strength of Recommendation; +, Adding; Trigs, Triglycerides; LLM, Lipid Lowering Medication; Mod, Moderate; BAS, Bile Acid Sequestrant; V&Ps, Values and Preferences; Cond, Conditional; RC, Recommended Care; GP, Good Practice;