



Dear healthcare provider,

Cardiovascular (CV) disease remains the leading cause of death and disability among Americans and lowering LDL-C is important to reduce CV events. For high-risk patients, such as those with clinical atherosclerotic vascular disease (ASCVD) or familial hypercholesterolemia (FH), current guidelines recommend a high intensity statin. However, many of these high-risk patients cannot tolerate a high intensity statin and most do not achieve their optimal LDL-C goal. The failure to be maintained on a high-intensity statin or achieve their LDL-C target is associated with increased ASCVD risk.

There are two PCSK9 inhibitors, alirocumab (Praluent) and evolocumab (Repatha) that have been approved for patients with clinical ASCVD or FH who need additional LDL-C lowering. Both have been shown to be safe, significantly lower LDL, and reduce CV events^{1,2}. Recognizing the challenges in successfully prescribing a PCSK9 inhibitor, the National Lipid Association (NLA) conducted a survey to understand the barriers that exist in prescribing these medications. We found that for patients with clinical ASCVD, 96% of respondents had initial denials when prescribing a PCSK9 inhibitor, only 36% were successful more than 75% or more of the time in obtaining approval after all appeals, and 50% spent more than one hour per week on each patient's preauthorization paperwork. The findings were similar for patients with FH. The survey found that incomplete or missing documentation was a principal barrier to successfully prescribing a PCSK9 inhibitor. To help prescribers, the NLA developed a checklist of all required medical information to be submitted along with the prescription. Using the checklist, training the staff responsible for compiling the needed medical information and developing a systematic approach for prescribing a PCSK9 inhibitor is the best way to garner success.

The NLA recognizes the importance of lowering LDL-C to goal in these high-risk patients and is providing you with the following up-to-date practice tools for prescribing a PCSK9 inhibitor to help manage LDL-C and reduce ASCVD risk in your high-risk patients:

- 1. 2017 Recommendations of the NLA Expert Panel on Treatment with PCSK9 Inhibitors**
- 2. Challenges in Prescribing PCSK9 Inhibitors Survey Findings**
- 3. Checklist for Seeking Approval for a PCSK9 Inhibitor**

As those who care for patients, we know you strive to provide your patients with the best medical care and medicines to keep them healthy and reduce their risk of an ASCVD event. It our hope that these practice tools are just the start to achieving that goal. To learn more about prescribing a PCSK9 inhibitor or to become a member or the NLA, please contact us at lipid.org.

Sincerely yours,

Dean G. Karalis, MD, FACC, FNLA

Chair, NLA Health Quality

& Research Committee

Clinical Professor of Medicine

Sidney Kimmel Medical College

Thomas Jefferson University Hospital

Philadelphia, PA

James A. Underberg, MD, MS, FNLA

President, National Lipid Association

Clinical Assistant Professor of Medicine

Director, Bellevue Hospital Lipid Clinic

New York, NY

1. Jackson, E., & Eagle, K. A. (2017). Evolocumab reduced CV events in patients with atherosclerotic CV disease taking high- or moderate-intensity statins. *Annals of Internal Medicine*, 167(2). doi:10.7326/acpjc-2017-167-2-007

2. Steg, P. G. (2018, March 10). The ODYSSEY OUTCOMES Trial: Topline Results. Alirocumab in Patients After Acute Coronary Syndrome. Lecture presented at American College of Cardiology Scientific Session in Orange County Convention Center, Orlando.

USEFUL LINKS

Satisfaction Survey- surveymonkey.com/r/NLAMailing

Please complete the paper copy included here or view the survey online. We appreciate your feedback!

Digital download of 2017 Recommendations of the NLA Expert Panel on Treatment with PCSK9 Inhibitors - rebrand.ly/Recommendations

Digital Download of Checklist for Seeking Approval for a PCSK9 Inhibitor- rebrand.ly/NLAChecklist