Notes For the Clinician
Patient Tool: My Plan For Starting a PCSK9 Inhibitor

Purpose:

- This tool, *My Plan For Starting a PCSK9 Inhibitor*, is designed to help guide your patients during the first 6 months of treatment with a PCSK9 inhibitor. The tool is available at *CardioSmart.org/MyPCSK9Plan*.
- This tool can help patients track their LDL-cholesterol (LDL-C) levels, share their goals for LDL-C lowering and better understand why and how to take a PCSK9 inhibitor. It can also help patients understand and navigate prior authorization, cost, self-administered injection, etc.
- Clinicians should ideally review this with their patients once it is determined that addition of a PCSK9 inhibitor is appropriate. Please refer to the 2018 ACC/AHA Guideline on the Management of Blood Cholesterol for complete guidance on lipid-lowering therapy.

Overview:

- PCSK9 inhibitors are powerful LDL-C lowering drugs that are used most commonly in combination with high intensity statin therapy and ezetimibe. PCSK9 inhibitors are appropriate for use in select patients for primary and secondary prevention.
- Use the checklist below to ensure your patient meets the guideline-recommended indications for a PCSK9 inhibitor.

  Primary Prevention: A PCSK9 inhibitor may be considered in patients with a LDL-C ≥190 mg/dL if all the following apply:

  - ☑ On high-intensity or maximal statin therapy†
  - ☑ On ezetimibe
  - ☑ On maximally tolerated LDL-C lowering therapy with a LDL-C ≥100 mg/dL

  Secondary Prevention: A PCSK9 inhibitor may be considered in patients with clinical atherosclerotic cardiovascular disease (ASCVD) at very high risk* if all the following apply:

  - ☑ On high-intensity or maximal statin therapy†
  - ☑ On ezetimibe
  - ☑ On maximally tolerated LDL-C lowering therapy with a LDL-C ≥70 mg/dL or non-HDL-C ≥100 mg/dL

- Treatment decisions should be governed by clinical judgment and influenced by discussions with the patient to incorporate his or her treatment preferences and goals.
  - Ensure that clinician-patient risk discussions occur prior to prescribing a PCSK9 inhibitor
  - Ask your patients **"what matters to you?"** and discuss their preferences and values through shared decision-making. Have discussions about potential barriers to receiving and adhering to this medication, including prior authorization, cost, dispensing from a specialty pharmacy, use of an injectable medication, etc.
  - Emphasize the importance of a heart-healthy lifestyle. See the ACC tool, *Heart-Healthy Lifestyle*, available on *CardioSmart.org*.

** Very high risk includes a history of ≥2 major ASCVD events or 1 major ASCVD event and ≥2 high-risk conditions.*

† Statins are tolerated by a large majority of patients. Statin-associated side effects can be challenging to assess and manage. See 2018 Cholesterol Guidelines on managing statin-associated side effects and refer to ACC's Statin Intolerance App for guidance through the process of managing and treating patients who report muscle symptoms on statin therapy.

Reference:

Grundy SM, Stone NJ, Bailey AL, et al. 2018 AHA/ACC/AACVPR/AAPA/ABC/ACPM/ADA/AGS/APhA/ASPC/NLA/PCNA Guideline on the Management of Blood Cholesterol: A Report of the American College of Cardiology/American Heart Association Task Force on Clinical Practice Guidelines. J Am Coll Cardiol. 2018 Nov 10 [E-pub ahead of print]; https://doi.org/10.1016/j.jacc.2018.11.003.

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