



### IMPLICATIONS OF THE FDA APPROVAL OF PCSK9 INHIBITORS FOR CONTEMPORARY CARDIOVASCULAR PRACTICE: FINDINGS FROM THE NCDR® RESEARCH TO PRACTICE (R2P) PROJECT

Moderated Poster Contributions  
Prevention Moderated Poster Theater, Poster Hall, Hall C  
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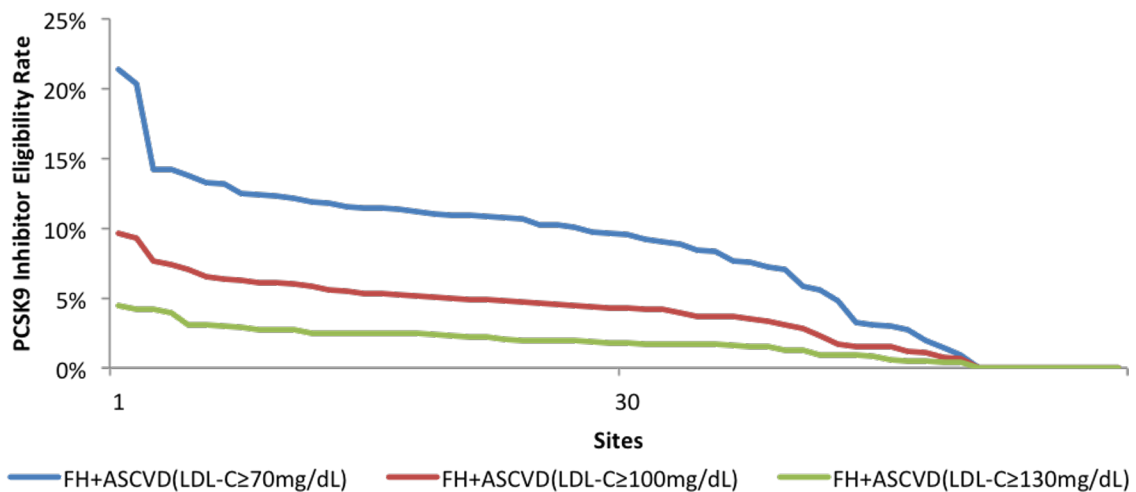
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**Background:** In 2015, the FDA approved PCSK9 inhibitors for patients with either familial hypercholesterolemia (FH) or clinical atherosclerotic cardiovascular disease (ASCVD) on maximally tolerated statin therapy who “require additional lowering of LDL.” The proportion of US patients in ambulatory cardiology practices that are potentially eligible for PCSK9 therapy and how LDL-C goals impact eligibility rates are unknown.

**Methods:** Using data from the NCDR PINNACLE Registry between 2013-2015, we performed patient- and practice-level analyses among patients with suspected FH (LDL-C $\geq$ 190 mg/dL) or ASCVD treated with high-intensity statins who had a persistently high LDL-C level.

**Results:** Among 631,107 patients, 11,244 (1.8%) had suspected FH and 192,176 (30.4%) had ASCVD. The total number of patients on a high-intensity statin potentially eligible for PCSK9 therapy inclusive of suspected FH and ASCVD varied according to LDL-C goal for ASCVD: 62,258 (9.9%) for LDL-C  $\geq$ 70 mg/dL; 28,533 (4.5%) for LDL-C  $\geq$ 100 mg/dL; and 12,114 (1.9%) for LDL-C  $\geq$ 130 mg/dL. The proportion of potentially eligible patients also varied according to practice: median 9.6%, interquartile range (IQR) 3.1-11.4 for LDL-C  $\geq$ 70 mg/dL; median 4.3%, IQR 1.5-5.3 for LDL-C  $\geq$ 100 mg/dL; and median 1.8%, IQR 0.8-2.5 for LDL-C  $\geq$ 130 mg/dL (Figure 1).

**Figure 1.** Practice-Level Rates of PCSK9 Inhibitor Eligibility Among Adult Cardiovascular Outpatients According to LDL-C Goal Level. Sites ordered from highest (left) to lowest (right) for 57 practices.



**Conclusions:** The proportion of adult outpatients in contemporary cardiovascular practice potentially eligible for PCSK9 inhibitor therapy varied according to LDL-C goal and practice.