

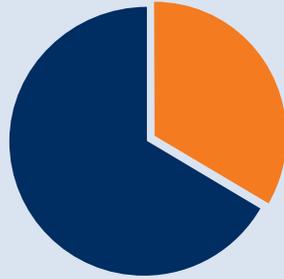
# The Spike in Drug Costs: Lowering LDL Cholesterol

Advancement in pharmaceuticals can result in drugs that have fewer side effects, improve a patient's quality of life and save lives, but what if not everyone can afford them?

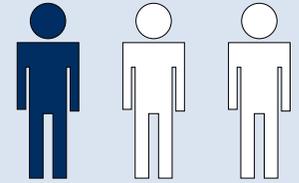
## WHY TREAT LDL CHOLESTEROL?

To reduce the risk of coronary heart disease, heart attack and other health-related problems.<sup>1</sup>

Roughly **71 million Americans**—1 in 3 adults—have elevated low-density lipoprotein (LDL) or "bad cholesterol."<sup>2</sup>



Of those, only **1 in 3** has the condition under control.<sup>3</sup>



## WHAT MEDICATIONS ARE AVAILABLE?

### Statins...



Are proven safe and generally well tolerated.\*

Result in **20% fewer** heart attacks and strokes.<sup>4</sup>

Cost as little as **\$3.30 per month.**<sup>5</sup>



\*Statin intolerance may affect up to 15% of patients. Health care providers can successfully manage more than 90% of intolerant patients.<sup>6</sup>

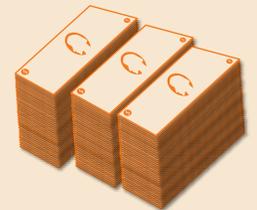
Statins are currently recommended as **first-line treatment** for lowering LDL cholesterol by the American College of Cardiology and the American Heart Association.<sup>7</sup>

### PCSK9 inhibitors...

Are best suited for people with familial hypercholesterolemia,<sup>8</sup> fewer than 1% of the patients with high LDL.<sup>9</sup>

Have undetermined effects on cardiovascular morbidity and mortality.<sup>10\*</sup>

Increase U.S. health care costs substantially,<sup>11</sup> costing between \$1,139 and \$1,176 per month.<sup>12</sup>



\*Additional outcomes research is expected in 2017.

## HOW DO THEY STACK UP?

Up to **356 patients** can be treated with generic statins for the same cost as treating **1 patient** with a PCSK9.<sup>13</sup>

Annual cost

### Statins

As little as **\$40 per year**<sup>14</sup>

### PCSK9 inhibitors

Up to **\$14,308 a year**<sup>15</sup>

## SOURCES

- 1 National Institutes of Health (2016, March 30). How is high cholesterol treated? Retrieved from <http://www.nhlbi.nih.gov/health/health-topics/topics/hbc/treatment>.
- 2 Centers for Disease Control and Prevention. (2015). Cholesterol Fact Sheet. Retrieved from [http://www.cdc.gov/dhdsdp/data\\_statistics/fact\\_sheets/fs\\_cholesterol.htm](http://www.cdc.gov/dhdsdp/data_statistics/fact_sheets/fs_cholesterol.htm).
- 3 Centers for Disease Control and Prevention. (2015). Cholesterol Fact Sheet. Retrieved from [http://www.cdc.gov/dhdsdp/data\\_statistics/fact\\_sheets/fs\\_cholesterol.htm](http://www.cdc.gov/dhdsdp/data_statistics/fact_sheets/fs_cholesterol.htm).
- 4 American College of Cardiology/American Heart Association, Task Force on Practice Guidelines. (2013). 2013 ACC/AHA Guidelines on the Treatment of Blood Cholesterol to Reduce Atherosclerotic Cardiovascular Risk in Adults. Retrieved from <http://circ.ahajournals.org/content/early/2013/11/11/01.cir.0000437738.63853.7a>.
- 5 Based on Medi-Span® Price Rx® data. Figures reflect wholesale acquisition cost. Note: Price modifications will alter the values reflected.
- 6 American College of Cardiology. (2015). Statin Intolerance: Not a Myth. Retrieved from <http://www.acc.org/latest-in-cardiology/articles/2015/08/11/09/16/statin-intolerance-not-a-myth>.
- 7 The American College of Cardiology and the American Heart Association currently recommend statins as first-line treatment for lowering LDL cholesterol.  
  
Source: American College of Cardiology/American Heart Association, Task Force on Practice Guidelines. (2013). 2013 ACC/AHA Guidelines on the Treatment of Blood Cholesterol to Reduce Atherosclerotic Cardiovascular Risk in Adults. Retrieved from <http://circ.ahajournals.org/content/early/2013/11/11/01.cir.0000437738.63853.7a>.
- 8 Praluent and Repatha are indicated as adjuncts to diet and maximally tolerated statin therapy for the treatment of adults with heterozygous familial hypercholesterolemia (HeFM) or clinical atherosclerotic cardiovascular disease, which require additional lowering of LDL cholesterol (LDL-C). Repatha can also be used with other LDL-lowering therapies (for example, statins, ezetimibe, LDL apheresis) in patients with homozygous familial hypercholesterolemia (FoFH) who require additional lowering of LDL-C.  
  
Source: Zimmerman, M. (2015). How do PCSK9 inhibitors stack up to statins for low-density lipoprotein cholesterol control? American Health & Drug Benefits, 8(8): 436–442. Retrieved from <http://www.ncbi.nlm.nih.gov/pmc/articles/PMC4684634/>.
- 9 This statistic was calculated by comparing the estimated number of patients with high LDL to the total number of patients with familial hypercholesterolemia.  
  
Source for high LDL patient count nationwide: Centers for Disease Control and Prevention. (2015). Cholesterol Fact Sheet. Retrieved from [http://www.cdc.gov/dhdsdp/data\\_statistics/fact\\_sheets/fs\\_cholesterol.htm](http://www.cdc.gov/dhdsdp/data_statistics/fact_sheets/fs_cholesterol.htm).  
  
Source for familial hypercholesterolemia: Zimmerman, M. (2015). How do PCSK9 inhibitors stack up to statins for low-density lipoprotein cholesterol control? American Health & Drug Benefits, 8(8): 436–442. Retrieved from <http://www.ncbi.nlm.nih.gov/pmc/articles/PMC4684634/>.
- 10 Sanofi US. (2015). Highlights of Prescription information-Praluent. Retrieved from <http://products.sanofi.us/praluent/praluent.pdf> and Amgen. (2016). Highlights of Prescription Information-Repatha. Retrieved from [http://pi.amgen.com/united\\_states/repatha/repatha\\_pi\\_hcp\\_english.pdf](http://pi.amgen.com/united_states/repatha/repatha_pi_hcp_english.pdf).
- 11 In a study published in the Journal of the American Medical Association, Dhruv Kazi, M.D., M.S., and his colleagues found that PCSK9 inhibitors did not meet generally acceptable incremental cost-effectiveness thresholds. Reducing annual drug prices from more than \$14,000 to \$4536 would be necessary to meet a \$100,000 per Quality-Adjusted Life-Year threshold.  
  
Source: Kazi, D.S., Moran, A.E., Coxson, P.G., Penko, J., Ollendorf, D.A., Pearson, S.D., ... Bibbins-Domingo, K. (2016). Cost-effectiveness of PCSK9 inhibitor therapy in patients with heterozygous familial hypercholesterolemia or atherosclerotic cardiovascular disease. JAMA, 316(7):743-753.
- 12 30-day supply based on Medi-Span® Price Rx® data. Figures reflect wholesale acquisition cost. Note: Price modifications will alter the values reflected.
- 13 Calculated by dividing the cost of the highest-cost PCSK9 with the lowest-cost generic statin according to Medi-Span® Price Rx® data. Figures reflect wholesale acquisition cost. Note: Price modifications will alter the values reflected.
- 14 Annual cost (365-day supply) based on Medi-Span® Price Rx® data. Figures reflect wholesale acquisition cost. Note: Price modifications will alter the values reflected. Price modifications will alter the values reflected.
- 15 Annual cost (365-day supply) based on Medi-Span® Price Rx® data. Figures reflect wholesale acquisition cost. Note: Price modifications will alter the values reflected.



## About ACHP

The Alliance of Community Health Plans (ACHP) is a national leadership organization bringing together innovative health plans and provider groups that are among America's best at delivering affordable, high-quality coverage and care. The community-based and regional health plans and provider organizations from across the country that make up ACHP's membership provide coverage and care for approximately 18 million Americans. These 22 organizations focus on improving the health of the communities they serve and are on the leading edge of innovations in affordability and quality of care, including primary care redesign, payment reforms, accountable health care delivery and use of information technology.