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.¹

Roughly 71 million Americans—1 in 3 adults—have elevated low-density lipoprotein (LDL) or “bad cholesterol.”²

Of those, only 1 in 3 has the condition under control.³

**WHAT MEDICATIONS ARE AVAILABLE?**

**Statins...**

- Are proven safe and generally well tolerated.*
- Result in **20% fewer** heart attacks and strokes.⁴
- Cost as little as **$3.30 per month.⁵**

**PCSK9 inhibitors...**

- Are best suited for people with familial hypercholesterolemia,⁶ fewer than 1% of the patients with high LDL.⁷
- Have undetermined effects on cardiovascular morbidity and mortality.¹⁰*
- Increase U.S. health care costs substantially,¹¹ costing between $1,139 and $1,176 per month.¹²

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

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

**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 PCSK9.¹³

**Annual cost**

- **Statins**: As little as **$40 per year¹⁴**
- **PCSK9 inhibitors**: Up to **$14,308 a year¹⁵**

ACHP promotes greater transparency on prescription drug research. This infographic is one of a series on prescription drug transparency. For more infographics like this, please follow us on Twitter @_ACHP or visit us at www.achp.org.


5. Based on Medi-Span® Price Rx® data. Figures reflect wholesale acquisition cost. Note: Price modifications will alter the values reflected.


7. The American College of Cardiology and the American Heart Association currently recommend statins as first-line treatment for lowering LDL cholesterol.


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.


9. This statistic was calculated by comparing the estimated number of patients with high LDL to the total number of patients with familial hypercholesterolemia.


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.


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.

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.