



A COUNTRY IN CARDIOVASCULAR CRISIS

Access to Innovative Treatment



PARTNERSHIP TO ADVANCE
**Cardiovascular
Health**

LANDSCAPE

Cardiovascular disease has long been the number one overall cause of death in the United States. Forecasts indicate the situation will worsen.



Cardiovascular events will become more common over the coming decades.

The number of heart attacks and strokes annually will each rise more than 30% by 2060, according to estimates.¹



Deaths from cardiovascular disease are on the rise.

Deaths rose by 8.5% for adults ages 45 to 64 between 2010 and 2020, and record numbers of adults over age 65 are dying.²



This cardiovascular crisis will be fueled by a combination of factors.

Population aging and increased prevalence of cardiovascular risk factors – like obesity, hypertension and high cholesterol – will be major drivers.



A Closer Look at High Cholesterol

Nearly 95 million Americans have high cholesterol. Unmanaged, it can be a major threat to a person's cardiovascular health, raising their risk for heart attack, stroke and coronary artery disease.

Untreated high cholesterol poses a major threat to cardiovascular health in the United States and strains precious health care resources.



INNOVATION

Novel treatments have proven effective at improving cardiovascular health, but access is often slow. The case of PCSK9 inhibitors, which treat high cholesterol, illustrates this.



PCSK9 inhibitors were approved by the FDA in 2015.

PCSK9 inhibitors presented high cholesterol patients another form of treatment. Statins, the most common treatment for high cholesterol, are alone not always effective at reducing cholesterol to a safe level.



PCSK9 inhibitors were proven highly effective.

Studies found that PCSK9 inhibitors can reduce patients' LDL cholesterol levels by 60% on average and risk of heart attack by more than 25%.³ In some care situations, PCSK9 inhibitors are the preferred treatment, particularly when other treatments fail to reduce cholesterol.



Insurers, however, were initially slow to cover PCSK9 inhibitors.

A 2017 study of nearly 300,000 PCSK9 inhibitor claims showed that patients had difficulty getting the medication. Nearly half of all claims made by patients with commercial plans were completely rejected.⁴

Coverage has improved somewhat, largely thanks to the dedicated work of patients and advocates. A 2023 study of more than 250,000 commercial plan claims found that rejections for PCSK9 inhibitors had dropped to 19%.⁵



“These medicines are gonna help prevent me from having another heart event.”

- Latrice Baxter, Patient



CHALLENGES

Despite a general trend toward better coverage for innovative treatments, administrative barriers persist and access challenges remain for some patient populations.



Patients of color are less likely to get PCSK9 inhibitors.

An analysis of commercial health plan data on final approval rates for PCSK9 inhibitors showed that Black and Hispanic patients are less likely than white patients to get their medication after initial rejection.⁶



Patients of color have longer wait times to overcome claim rejections.

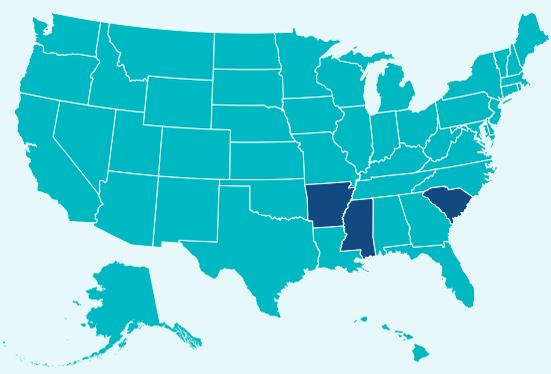
Black and Hispanic patients with commercial plans took, on average, about 20% longer than their white peers to get health plan approval after their request for coverage was initially rejected.⁷



Black patients must try and fail more medications before being approved for PCSK9 inhibitors.

Health plans sometimes require patients to take older or less expensive medications before being approved for innovative drugs like PCSK9 inhibitors. It takes Black patients with commercial plans, on average, more than 10 months to access PCSK9 inhibitors – nearly 10% longer than their white peers.⁸

A Geographic Disparity



While access needs to be improved nationwide, challenges are greatest in the Southeast. Particularly in Arkansas, Mississippi and South Carolina, patients with commercial coverage are disproportionately rejected. Final approval rates for certain plans in these states can range from 33% to nearly 60% lower than the national average.⁹

CONCLUSION

Despite advancements in technology and treatments, cardiovascular health is deteriorating. Continued advocacy is part of the solution.

Health care providers and patients must continue advocating for utilization management reform and for timely access to personalized care.

Learn More



High Cholesterol



Patient-Centered Care for High Cholesterol



Rejected: Patients Denied Access to Life-Saving Heart Medicine



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