

How ICER Underestimates High Cholesterol

The Institute for Clinical and Economic Review claims that new medications for high cholesterol aren't worth their cost. The economists overlook the needs of high-risk patients – and underestimate the impact of high cholesterol.

Overlooks the very patients who need treatment

ICER's core analysis fails to adequately consider:

- African Americans, who disproportionately experience heart disease
- Patients who don't respond adequately to statins
- People who've already had a cardiovascular event

Misrepresents real patients' experiences

ICER's analysis assumes that all patients who may need new high cholesterol therapies are already taking ezetimibe along with their statins. In reality, fewer than 5% are. The misrepresentation could lead to access barriers for heart patients.

Ignores indirect costs of high cholesterol

ICER's core analysis omits indirect impacts such as productivity, long-term disability and premature death.

Underestimates the value of effective treatments for heart patients

With heart disease costs projected to surpass \$1 trillion a year by 2030, ICER's low cost estimates don't reflect the true expense of high cholesterol to patients.



ICER's gaps and missteps could lead to challenges for people who need access to treatment for high cholesterol.



Institute for
Patient Access