NATIONAL FORUM
FOR HEART DISEASE & STROKE PREVENTION
1150 Connecticut Ave. NW, Ste. 300, Washington, DC 20036

June 30, 2020

Maggie O'Grady
Program Manager
Institute for Clinical and Economic Review
2 Liberty Square, 9th Floor
Boston, MA 02109

Submitted Electronically: mogrady@icer-review.org

Dear Ms. O'Grady,

Thank you for the opportunity to provide input on the scope of the upcoming assessment of the comparative clinical effectiveness and value of inclisiran (Novartis) and bempedoic acid (Nexletol™, Esperion Therapeutics, Inc.) for treatment of high cholesterol in the setting of heterozygous familial hypercholesterolemia or secondary prevention of ASCVD. We appreciate your willingness to review comments and recommendations from the National Forum's Value & Access Steering Committee and partners working on these issues.

The Value and Access Steering Committee and partners jointly offer the following feedback for ICER's consideration in the development of the draft scoping document.

The Steering Committee and partners appreciate that ICER's value framework includes both quantitative and qualitative comparisons across treatments to ensure that the full range of benefits and harms (e.g., health disparities and access to care issues) will be evaluated. We support ICER's incorporation of these factors. Patient advocacy groups should be involved throughout the assessment process.

Recommendations:
The Steering Committee and partners identified the following opportunities for the proposed scope, using the PICOTS (Population, Intervention, Comparators, Outcomes, Timing, and Settings) framework.

- Populations
  - Consider the FH and ASCVD populations separately, rather than grouped together. They are different.
  - Give careful consideration to the size of the FH and ASCVD populations with statin-related side effects. There are many people with uncontrolled high LDL-C because they cannot (or will not because of safety concerns) take statins. Between 40-75% of patients discontinue their statin therapy within one year of initiation.[1]
  - Consider a sensitivity analysis of patients with high CV risk who aren't on treatment because of statin intolerance or unwillingness to take a statin.

- Take into account that additional treatments, such as inclisiran and bempedoic acid could help increase access and adherence to treatments in patients who are otherwise at risk for not taking and/or adhering to medications and therefore, at higher risk for adverse events. For example, the impact of statin intolerance[2] in women, and lower adherence among women, minorities, younger adults and older adults[3] is even greater than in other populations.

- Interventions
  - Consider including both bempedoic acid alone and bempedoic acid combined with ezetimibe in the analysis. They are different products for patients in different risk strata.
  - Look at the indicated uses of the treatments for each of the populations (FH and ASCVD).

- Comparators
  - Data show there are large numbers of FH and/or ASCVD patients with uncontrolled LDL-C due to a variety of reasons. Inclisiran and/or bempedoic acid may provide an additional line of therapy for people who are not currently adequately treated or on a third line treatment. Inclisiran and bempedoic acid are likely to fill gaps rather than or in addition to replacing other therapies.

- Outcomes
  - Individual Outcomes
    - All-cause mortality
    - Major adverse cardiovascular events
    - Degree of LDL-C lowering
  - Health System Utilization
    - Hospitalizations
    - Emergency department visits
  - Health-related quality of life
    - Avoiding a heart attack, stroke, heart failure, or disability; continuity of employment; mobility, etc.

- Settings
  - Real world evidence of patient preference, utilization patterns and market share shifts should be considered as data become available. In addition to cost and efficacy, prescribers and patients may weigh factors such as frequency of treatment, place of treatment, and delivery method (oral or injection, at home or at the clinic).

- Budget Impact Analysis
  - We recommend that the report include clinical effectiveness and cost effectiveness, and not budget impact. Some stakeholders have used budget impact analyses to justify access barriers for therapies whose cost is within ICER's recommended range. Payers are capable of conducting their own budget analyses.

Thank you again for your consideration. We look forward to reviewing and providing additional comment once the draft scoping document is released.

Sincerely,

Members of the Value & Access Steering Committee and Partners representing the following organizations:

National Forum for Heart Disease & Stroke Prevention (convener)
American Association of Heart Failure Nurses
American Heart Association
American Pharmacists Association Foundation
Association of Black Cardiologists
Association of State and Territorial Health Officials
American Society for Preventive Cardiology
BallengeRx Consulting
The FH Foundation
Global Healthy Living Foundation
Independent Health
Institute for Patient Access
Mended Hearts
National Alliance of Healthcare Purchaser Coalitions
Partnership to Advance Cardiovascular Health
Partnership to Improve Patient Care
Preventive Cardiovascular Nurses Association
University of Michigan Center for Value-Based Insurance Design
WomenHeart

References

[1] Banach M, Stulc T, Dent R, Toth, PP. Statin Non-Adherence and Residual Cardiovascular Risk: There is Need for Substantial Improvement. 2016. DOI:https://doi.org/10.1016/j.ijcard.2016.09.075
[2] Bair TL, May HT, Knowlton KU, et. al. Predictors of Statin Intolerance in Patients with a New Diagnosis of Atherosclerotic Cardiovascular Disease with a large Integrated Health Care Institution: The IMPRES Study. J Cardiovasc Pharmacol. 2020; 75(5):426-431 DOI: 10.1097/fjc.0000000000000808
[3] Rodriguez F, Maron DJ, Knowles JW, et.al. Association of Statin Adherence With Mortality in Patients With Atherosclerotic Cardiovascular Disease. JAMA Cardiol. 2019;4(3):206-213. DOI:10.1001/jamacardio.2018.4936