Clinical Rationale

More than 100 million U.S. adults, 20 years or older, have total cholesterol levels equal to 200 mg/dL or more, while almost 31 million have levels 240 mg/dL or more. Elevated blood cholesterol is a major risk factor for cardiovascular disease (CVD). Numerous randomized trials have demonstrated that treatment with a statin reduces LDL-C and risk of major cardiovascular events by approximately 50 percent. Current guidelines identify the following high-risk individuals who would benefit from statin therapy: 1) individuals with atherosclerotic cardiovascular disease (ASCVD), 2) individuals with LDL-C ≥ 190 mg/dL, or 3) individuals with diabetes and LDL-C 70-189 mg/dL. However, of these high risk patients, only approximately 55% are currently prescribed/taking a statin.

Work to date has shown that while the highest number of patients not on a statin as indicated are in the diabetes and LDL-C 70-189 mg/dL group, there is the greatest room for improvement in the high LDL-C (≥ 190 mg/dL) group.

Business Rationale (Potential ROI)

Together, heart disease and stroke are among the most widespread and costly health problems facing the nation, accounting for over $316.6 billion in health care expenditures and lost productivity annually (CDC, 2019). CVD accounts for 1-in-6 US health care dollars spent – almost $1 billion per day—and for 800,000 deaths every year, almost a third of US deaths. With the transition to value-based care, efforts focused on the preventing cardiovascular events are a business imperative. Studies have found that statin use is a cost-effective method to lower risk of CVD events and that this benefit will increase as more statin drugs become generic.

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