Pricing Chronic Disease Treatments to Maximize Patient Access

In the United States, heart disease is one of the leading causes of death with costs in excess of $200 billion a year. That means finding cost-effective ways of tackling this public health issue is a have-to-have, not a nice-to-have, from both a patient perspective and an economic one.

At Esperion, we've responded to that by creating treatments that are priced according to the value they offer patients, payers and our health care system. Our first product, NEXLETOL® (bempedoic acid) tablets, launched last year as the first oral, once-daily, non-statin LDL-cholesterol lowering medicine approved in almost two decades for indicated patients, with a focus on making it not only the right choice, in combination with maximally tolerated statin therapy for patients who need to lower their cholesterol, but an affordable choice, too. It's well accepted that high levels of bad cholesterol contribute to heart disease, so we must do what we can to get as many patients to their LDL-C goals.

And payers agree. We have already secured over 90% commercial coverage and 50% coverage under Medicare Part D since NEXLETOL's launch. Our agreements with payers allow eligible patients to get the treatment they need at low out-of-pocket costs and with minimal access hurdles to jump through.

Making sure that patients, providers and payers understand the value of medicines is at the core of what we do, which is why we've welcomed the Institute for Clinical and Economic Review's assessment of NEXLETOL. We've had productive conversations with ICER, and we read with great interest the group's recent evidence report on NEXLETOL, **which underscored the cost-effectiveness of the**

therapy, particularly for those with familial hypercholesteremia or statin intolerance.

Still, elements of the report underscore that the well-intentioned ICER review process remains imperfect. For example, ICER's economic model should accurately reflect real-world care, as incorrect assumptions can lead to a higher cost-effectiveness ratio and ultimately create an access barrier for patients. We have shared this view and others in our public comment letter to ICER, which can be found [here].

We're not alone in urging ICER to ensure that its reviews accurately reflect the way patients are treated today. **A range of groups and individuals, from the American Society for Preventative Cardiology to the Association of Black Cardiologists to the Institute for Patient Access all wrote letters to ICER to emphasizing the gap between real-world practice and some of ICER's analyses.**

With the value of NEXLETOL already validated by the coverage it has received from payers and the reduced obstacles to treatment access, we are confident that this treatment provides extraordinary clinical benefit to patients who need it. We also remain encouraged by the value-focused dialogue produced by ICER's assessments and look forward to the ICER public meeting.

At Esperion, we believe that in order to facilitate sustainable affordability and access, all parts of our health care system must work together to remove unnecessary barriers, such as high treatment prices or patient cost-sharing. Esperion is committed to this shared responsibility by pricing our therapies to maximize patient access, and we look forward to continued collaboration with payers and other parts of the health care system to ensure our treatment can reach as many patients as possible.