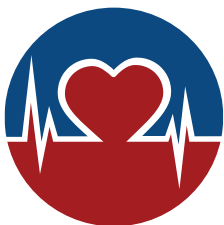




ICER TOOLKIT

October 2020



PARTNERSHIP TO **ADVANCE**
Cardiovascular
Health

Who decides which medications are available to the 102 million Americans fighting high cholesterol?

Increasingly, questions of access are informed by the Institute for Clinical and Economic Review, or ICER. The health economics organization uses clinical trials data and available pricing information to consider whether a drug is worth its cost.



Now ICER is reviewing new treatments for high LDL, or “bad,” cholesterol.

ICER’s upcoming review will examine three medications that treat a form of inherited high cholesterol, called heterozygous familial hypercholesterolemia, as well as secondary prevention of ASCVD:

1. **Inclisiran**, a twice-yearly injected PCSK9 inhibitor
2. **Bempedoic acid**, an adjunct therapy for statin treatment
3. **Bempedoic acid/ezetimibe**, an adjunct therapy for statin treatment with added ability to lower lipids

ICER’s reports can influence health plans’ decisions about coverage.

Input from advocacy organizations, health care providers and patients is critical.

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This toolkit outlines how you can use your voice and your experiences to inform ICER’s decision.

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WHAT YOU CAN DO

STEP 1

DRAFT EVIDENCE REPORT

Nov. 12-Dec. 11, 2020



Submit comment



Use social media to raise awareness about key issues



Encourage members & colleagues to participate



Share information via newsletters, blogs & email

STEP 2

VIRTUAL PUBLIC MEETING

February 5, 2021



Spread the word



Attend virtual physician-patient forum



Testify at virtual ICER meeting



Engage in social media activity

STEP 3

FOLLOW UP

Final Evidence Report & Meeting Summary



Echo core messages using social media, newsletters, & email



CORE MESSAGES



1. Increase options; decrease disparities.

- The [onset of cardiovascular disease](#) is earlier for Black Americans, who have not seen the reduction in cardiovascular disease and death experienced by the general population.
- Low socioeconomic status is [linked](#) with higher rates of cardiovascular risks such as diabetes, hypertension and obesity.
- Access to more treatment options can help give patients of all backgrounds and races the chance to lower their cholesterol.



2. Statins alone don't work for every patient.

- Statin-associated side effects impact as many as [25%](#) of patients.
- Among people with ASCVD, younger patients, women and Black patients are less likely to lower their bad cholesterol sufficiently by using a statin.
- Expanding treatment options gives health care providers the chance to find an effective medication regimen for each, individual patient.



3. A national health challenge demands a full-force response.

- The 1 in 3 Americans with high cholesterol need every treatment option on the table.
- Making more treatments accessible equips health care providers and policymakers to address the national cardiovascular health crisis.

SOCIAL MEDIA TOOLKIT

Hashtags

#Cardiovascular

#Hearts

#ICER

#Patient

#CVAcess

#TrustPatients

#KnowFH

Messages



Black Americans are disproportionately impacted by heart disease. Tell [#ICER](#) to ↑ treatment options and ↓ health disparities.



DYK? Low socioeconomic status is linked to higher [#Cardiovascular](#) risks like diabetes & obesity. Tell [#ICER](#) to ↑ treatment options and ↓ health disparities.



Up to 25% of cardiovascular patients have side effects from [#statins](#). Expanding treatment options gives every [#patient](#) a chance to protect themselves from heart attack & stroke. [#ICER](#)



What is [#heart](#) health worth? Tell [@ICER_review](#) why having treatment options is valuable to you. [#TrustPatients](#)



1 in 3 Americans fights high [#cholesterol](#). Patients & health care providers need **more** options, not fewer, to tackle the cardiovascular health crisis. [#ICER](#)



Sometimes...statins alone aren't enough. For women, young people and Black people with heart disease, a statin alone is less likely to get bad cholesterol under control. These patients need more treatment options, not fewer. [#ICER](#).



WHAT'S NEXT?



Check the Partnership to Advance Cardiovascular Health's ICER webpage for regular updates and new materials related to the ICER response effort.

www.advancecardiohealth.org



Questions? Contact Ryan Gough at rgough@advancecardiohealth.org

Together, the cardiovascular advocacy community can raise awareness, inform dialogue & educate ICER on why treatment options are critical for Americans with high cholesterol.



PARTNERSHIP TO ADVANCE
**Cardiovascular
Health**

About the Partnership to Advance Cardiovascular Health

The Partnership to Advance Cardiovascular Health works to advance public policies and practices that result in more treatment options and improved cardiovascular health for heart patients around the world.



@advcardiohealth



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