



Cardiovascular Drugs Lower Risks and Costs with Higher Untapped Benefits

Medications that lower blood pressure, reduce cholesterol levels, and address congestive heart failure significantly reduce cardiovascular medical events and save Medicare billions each year. That savings would multiply significantly if all people affected received guideline-recommended therapy and medication adherence improved.¹

CVD DRUGS SAVE MEDICARE BILLIONS NET OF COSTS

FIGURE 1: Current and Potential Medicare Savings from Medication Use

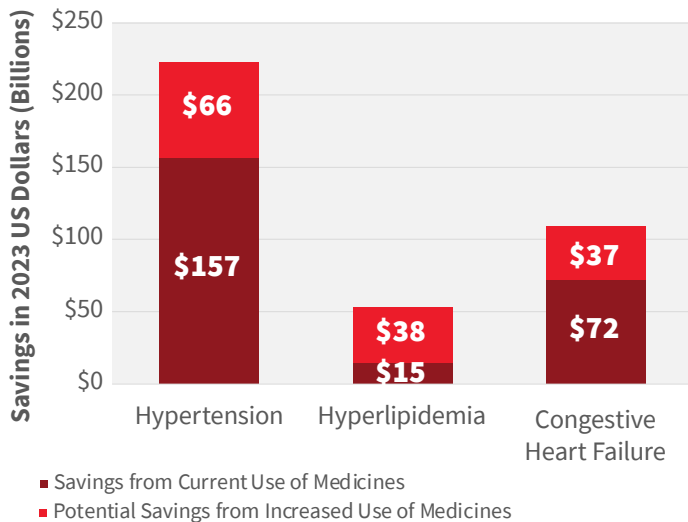
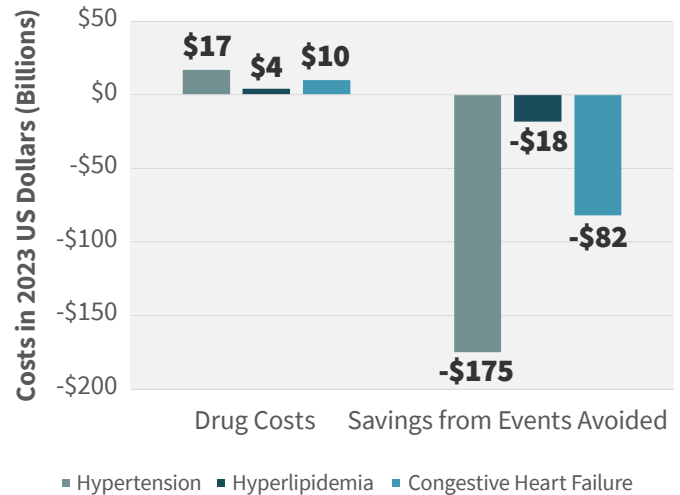


FIGURE 2: Drug Costs and Savings to Medicare from Current Medication Use



Source: Stratevi. Medicare Savings for Drugs within Cardiovascular Disease: Policy Brief (2024). Available at

Cardiovascular diseases (CVD) remain the leading killer in the U.S. and globally. Treatment to guideline, improved care access, better medication adherence, and additional innovation would greatly reduce adverse cardiovascular events such as stroke and heart attacks, save lives, and reduce health system costs.



Advances in anticoagulant therapy reduced the number of strokes by 18,000 a year and reduced drug-related major bleeding events by 71%!

¹Savings estimated calculating overall treatment cost differences among adherent and non-adherent patients with conditions noted from peer-reviewed studies and multiplying that savings by number of untreated Medicare beneficiaries living with these conditions.

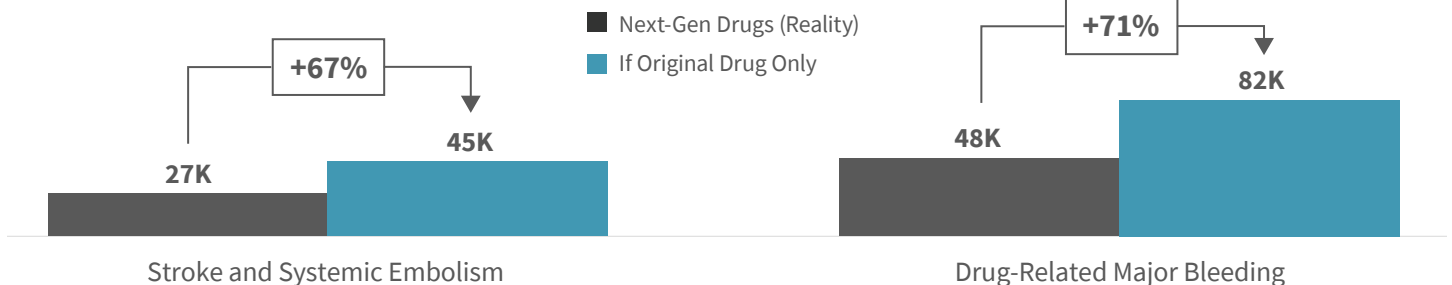


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MEDICATION ADVANCES REDUCE STROKES & ADVERSE EVENTS

Annual Incidence of Stroke for Patients on Anticoagulant Prophylaxis

Annual Incidence of Anticoagulant-Related Bleeding Adverse Events



Source: Lumanity. IRA Threatens Access to Safer Anticoagulants that Prevent Strokes and Cardiovascular Disease (2024). Available at <https://www.fightchronicdisease.org/resources/new-data-illustrate-human-impacts-fewer-treatments-IRA>.

Policies in the Inflation Reduction Act (IRA) challenge Medicare access and create disincentives for developing new medicines for CVD.

- High prevalence of CVD within Medicare makes CVD medicines more prone to selection for IRA drug pricing.
- Beneficiaries may experience higher access barriers to drugs subject to pricing because plans make less money and may favor other non-selected drugs.
- Clinical trials for CVD drugs take longer, making CVD research less appealing given that drug pricing selection can happen 7 years after an initial FDA approval.
- IRA pricing timeline discourages pursuing research on new indications for CVD drugs with an FDA approval.
- IRA's 13 year timeline for biologics compared with 9 years for small molecule medicines discourages investment in drugs that are easier to take and are more accessible for patients.
- Health inequities abound in CVD, and barriers to access and innovation will worsen disparities for vulnerable populations.

