**Table. Base-Case Results.** We examined the cost-effectiveness of a combination pill of bempedoic acid and ezetimibe (BAEze) in US adults with established atherosclerotic cardiovascular disease, stratified by intensity of concurrent statin therapy. In the control arms, patients received high-intensity statin and generic ezetimibe (group 1), moderate- to low-intensity statin (with further escalation limited by statin-associated side effects) and ezetimibe (group 2), or received ezetimibe alone (unable to tolerate any statin due to severe statin-associated side effects, group 3). In the corresponding intervention arms, ezetimibe was replaced with BAEze. Where indicated, future costs and benefits are discounted at 3% per year.

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | Group 1 | | Group 2 | | | Group 3 | | |
|  | High-intensity statin + ezetimibe | High-intensity statin + BAEze | Moderate- or low-intensity statin + ezetimibe | Moderate- or low-intensity statin + BAEze | Ezetimibe | | BAEze |
| **Rate of MACE, per 100 person-yearsa** |  |  |  |  |  | |  |
| ACS, fatal or non-fatal | 2.44 | 2.20 | 2.52 | 2.25 | 3.05 | | 2.45 |
| Stroke,fatal or non-fatal | 0.82 | 0.75 | 0.83 | 0.77 | 0.98 | | 0.82 |
| Death from cardiovascular causes | 2.36 | 2.21 | 2.40 | 2.24 | 2.64 | | 2.36 |
| MACE (non-fatal ACS, non-fatal stroke, or death from cardiovascular causes) | 4.72 | 4.35 | 4.82 | 4.43 | 5.54 | | 4.73 |
|  |  |  |  |  |  | |  |
| **Health Outcomesb** |  |  |  |  |  | |  |
| Survival, life years (undiscounted) | 15.14 (13.95-16.23) | 15.38 (14.15-16.5) | 15.07 (10.76-12.12) | 15.32 (14.11-16.43) | 14.66 (13.54-15.7) | | 15.13 (13.94-16.22) |
| Survival, life years (discounted) | 11.53 (10.79-12.18) | 11.68 (10.93-12.35) | 11.48 (13.9-16.13) | 11.64 (10.9-12.31) | 11.22 (10.53-11.85) | | 11.52 (10.79-12.18) |
| Incremental life years (discounted) | Comparator | 0.15 (0.1-0.21) | Comparator | 0.16 (0.1-0.22) | Comparator | | 0.29 (0.17-0.45) |
| Lifetime MACE Events, mean | 1.01 | 0.95 | 1.02 | 0.96 | 1.11 | | 1.01 |
|  |  |  |  |  |  | |  |
| **Quality-Adjusted Survival, QALYsb** |  |  |  |  |  | |  |
| QALYs (discounted) | 10.62 (9.94-9.94) | 10.76 (10.06-11.39) | 10.57 (9.91-11.18) | 10.72 (10.04-11.23) | 10.33 (9.69-9.69) | | 10.61 (9.93-11.23) |
| Incremental QALYs (discounted) | Comparator | 0.14 (0.09-0.20) | Comparator | 0.15 (0.10-0.21) | Comparator | | 0.28 (0.16-0.42) |
|  |  |  |  |  |  | |  |
| **Direct Healthcare Costsb** |  |  |  |  |  | |  |
| Lifetime Healthcare Costs, 2020 USD (discounted) | 184,200 (159,400-203,700) | 210,700 (185,100-233,700) | 183,700 (158,900-205,300) | 210,100 (184,600-232,900) | 183,200 (158,400-203,700) | | 208,800 (183,300-231,100) |
| Spending on drugs | 3,700 (3,400-3,900) | 30,400 (28,500-32,200) | 3,100 (2,900-3,300) | 29,800 (27,900-31,500) | 1,800 (1,700-1,900) | | 28,200 (26,400-29,900) |
| Spending on CV care | 105,000 (87,500-119,500) | 103,900 (86,500-118,800) | 105,300 (87,800-119,700) | 104,200 (86,700-119,000) | 107,500 (89,600-121,100) | | 105,100 (87,500-119,500) |
| Incremental health costs, 2020 USD (discounted) | Comparator | 26,500 (24,800-28,600) | Comparator | 26,400 (24,600-28,500) | Comparator | | 25,600 (23,700-28,500) |
| ICER, $ per life-year gained | Comparator | 176,800 (132,300-270,200) | Comparator | 165,100 (124,200-251,100) | Comparator | | 87,100 (61,900-144,500) |
| ICER, $ per QALY gained | Comparator | 188,000 (141,500-284,600) | Comparator | 175,600 (132,700-264,700) | Comparator | | 92,600 (66,000-152,100) |
| ICER= incremental cost-effectiveness ratio; MACE= major adverse cardiovascular events (composite of cardiovascular death, non-fatal acute coronary syndrome, and non-fatal stroke); OLLT= optimal lipid-lowering therapy (maximally tolerated statin and generic ezetimibe); QALY= quality-adjusted life year; USD = US dollars (2020).  aRates of adverse events are estimated from the first five years of the model. bNumbers may not add up due to rounding. | | | | | | | |