Impact on Outcomes, Adherence, and Cost for PCSK9 Inhibitors Filled at Health-System Pharmacies

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Background

- Cardiovascular disease remains a leading cause of morbidity and mortality in the United States (US).[1]
- Low-density lipoprotein cholesterol (LDL-C) is a key target and modifiable risk factor to lower cardiovascular risk.
- Proprotein convertase subtilisin/Kexin type 9 inhibitors (PCSK9i) provide a direct target and substantial LDL-C reduction.
- These medications face real-world barriers to implementation in clinical practice such as access, cost, and adherence.
- Specialty pharmacies are in an optimal position to mitigate these challenges with enhanced clinical coordination and financial assistance navigation.

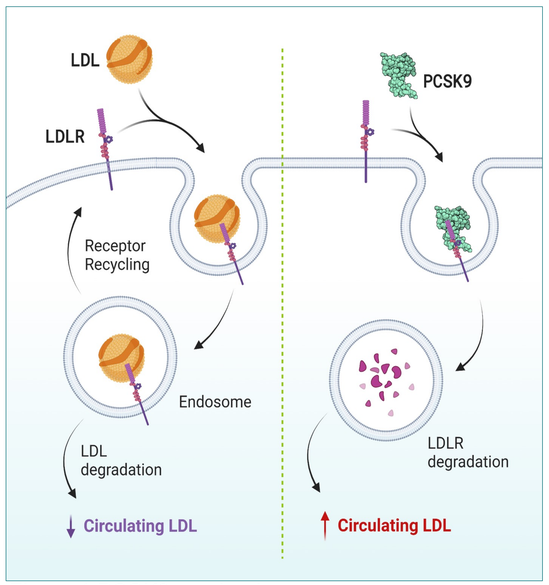


Figure 1:PCSK9 mechanism.

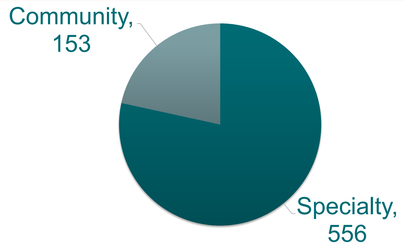
Objective

This study aims to compare access, cost, and adherence outcomes among patients filling PCSK9i medications at a health system-based specialty pharmacy versus affiliated community pharmacy sites.

Methods

- **Study Design:** Retrospective, single-center, multi-site, non-randomized chart review.
- Evaluated patients filling PCSK9i medications at AHWFB Specialty Pharmacy and affiliated community pharmacy sites between August 2024 and August 2025.
- Cost was derived and evaluated from a Willow Ambulatory generated report.
- Adherence was assessed using proportion of days covered (PDC).
- Internal financial assistance programs, such as the referenced MedHelp, were utilized to assist with cost.
- AHWFB Specialty Pharmacy utilizes a dedicated clinical pharmacist and medication access technician to assist directly with medication access and cost.

Study Population



Results

Outcome	Specialty	Community	Sample	P-value
Mean PDC	0.931	0.88	N=709	<0.05
Average LDL	64.29	65.51	N=677	0.808
Average Copay	$36.16	$30.12	N=709	0.369
Coupon Card Use	64% (158 patients)	39% (38 patients)	N=346	<0.001
Grant Access	16% (89 patients)	4.6% (7 patients)	N=709	<0.001
Internal Assistance	11% (62 patients)	25% (39 patients)	N=709	<0.001

Table 1:Comparison of outcomes.

	Commercial	Government
Specialty	249	305
Community	97	54

Table 2:Comparison of insurance types by pharmacy.

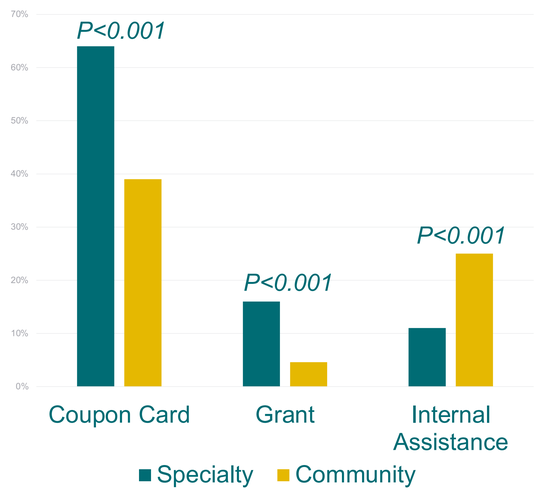


Figure 2: Comparison of alternative funding.

Conclusions

- AHWFB Specialty Pharmacy patients demonstrated higher adherence rates and greater utilization of financial assistance resources.
- LDL-C outcomes were similar between the groups.
- Specialty pharmacy services provide real-world benefit in patients prescribed PCSK9i medications.

References

1. Virani SS, Aspry K, Dixon DL, et al. The importance of low-density lipoprotein cholesterol measurement and control as performance measures: A joint clinical perspective from the National Lipid Association and the American Society for Preventive Cardiology. *Am J Prev Cardiol*. 2023;13:100472-100472.

Disclosure: Authors of this presentation have nothing to disclose concerning possible financial or personal relationships with commercial entities that may have a direct or indirect interest in the subject matter.