

February 16, 2026

Dr. Mehmet Oz  
Administrator, Centers for Medicare and Medicaid Services  
US Department of Health and Human Services  
200 Independence Avenue SW  
Washington, DC 20201

Re: PRMR 2025-2026 Recommendations for LDL-C Monitoring and Management (MUC2025-034)

Dear Dr. Oz:

Esperion Therapeutics, Inc. strongly support the implementation of the measure under evaluation for Low-density Lipoprotein Cholesterol (LDL-C) Monitoring and Management.

We commend CMS for recognizing the importance of effectively managing LDL-C, a major risk factor for cardiovascular disease (CVD), the leading cause of morbidity and mortality in the United States (US) and worldwide. By 2050, over 180 million people in the US are predicted to have CVD, and the associated health care costs are projected to quadruple. The effective management of LDL-C will result in improved health care outcomes for patients and substantial cost savings for the US.

High cholesterol is a silent killer with no obvious symptoms, and as such, patients and clinicians may deprioritize managing it, especially when other comorbidities exist; medication adherence and long-term persistence is a known challenge. This proposed measure will incentivize clinicians to pay more attention to lipid management in their most high CV risk patients. The measure appropriately puts the focus on achievement of an LDL-C target <70 mg/dL, and allows the treatment approach to be driven by evidence-based guidelines and clinician-patient shared decision-making.

We recognize the concerns that the Clinician Committee raised regarding potential cost and access barriers associated with lipid-lowering therapies. However, we would point to the wide availability of low- or no-cost generic statins and the non-statin ezetimibe to manage LDL-C. Further, access to the novel non-statin lipid-lowering therapies, such as bempedoic acid and the PCSK9 inhibitors, has greatly improved since their market entry, with many prescribers and patients facing no prior authorizations or minimal step-through therapy only. A parallel can be made with the current measure "Diabetes: Glycemic Status Assessment Greater than 9%" (Quality Number #001), which seeks to reduce the risk of microvascular complications in patients with diabetes. While there are many low- or no-cost antidiabetic therapies, there are also newer antidiabetic therapies that require prior authorization and have out-of-pocket costs like those of the novel non-statin therapies.<sup>1,2</sup> These concerns should not be a barrier to the implementation of a measure that has the potential to improve clinical outcomes for patients with ASCVD.

CMS's consideration of the LDL-C Monitoring and Management measure for the CY 2027 rulemaking cycle is an important and timely step towards improving the nation's cardiovascular health and avoiding preventable CVD events. While we share the Committee's enthusiasm for evolving the measure into a broader lipid management treatment plan, we urge CMS to continue to move this measure forward and not wait.

<sup>1</sup> Quach J, Midlam C, Sell C, et al. *Am J Managed Care*. 2024;30(3):107-108.

<sup>2</sup> Hwang J, Peterson E, Gupta A, et al. *Am J Prev Cardiol*. 2025; Feb 8:21:100940.

Esperion works tirelessly to deliver innovative medicines that help people reach their goals today, tomorrow, and well into the future. The patient is at the center of every decision we make, and we are committed to improving those lives we serve. We strongly believe that this new measure will reflect a more complete picture of the quality of lipid management, and is a timely and needed change in order to stem rising CVD event rates and mortality.

Thank you for the opportunity to provide comments.

Sincerely,

LeAnne Bloedon, MS, RD  
Vice President, Head of Development