

- The primary objective of this study was to determine the mean costs associated with cardiovascular events (CVEs) among patients with hyperlipidemia by follow-up time period; secondary objectives of this study included characterizing costs by CVE type and coronary heart disease (CHD) risk.
- This retrospective cohort study including 193,385 patients used longitudinal claims to calculate payer costs (both health plan-paid and patient-paid amounts) during several follow-up periods (acute [30-day] and short-term, comprising year 1; plus years 2 and 3).
- Costs in the acute period were highest (\$22,404) driven by inpatient care (77%). Costs remained high over time (\$15,133 in year 3), with ambulatory care (from 14% in acute to 37% in year 3) and pharmaceutical costs (from 2% in acute to 24% in year 3) representing a greater proportion.
- Acute costs varied considerably by type of CVE, but post-acute costs were more similar across types. Costs differed by baseline CHD risk for all follow-up periods, but less than by CVE type.
- Among patients with hyperlipidemia, the economic burden of CVEs is substantial up to 3 years after a CVE, remains high after subsequent CVEs, and actually increases for non-inpatient utilization.

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