

**SPEAKER:** So as with any cost analysis, there's a lot of assumptions. The good news is, is that we have some real data from ODYSSEY Outcomes as it looks at the potential benefit in reducing cardiovascular outcomes. And the trial followed patients on average for about three years, although we have about 50% of our almost 19,000 patients that were followed for three or more years. So we've got some folks who were followed for up to four or five years time.

But of course, any cost effectiveness or any cost analysis is going to look at a lifetime horizon for the patient. And so we have to make a lot of assumptions around what's the cost of having a second heart attack, what's the cost of dying from a heart attack, what's the cost of having a stroke, et cetera. So those are numbers that weren't obtained from our trial results specifically, but some estimates that exist in the literature.

And what we basically did is apply the relative benefits that we saw in the ODYSSEY Outcomes Trial with alirocumab compared to placebo on the backdrop of statin therapy to reduce cardiovascular events, including all cause mortality, and applying that sort of relative reduction that one might expect over the course of many, many years the lifetime of a patient.

And looking at the cost to be able to determine whether the willingness to pay of payers in the sort of 50,000 to 100,000 quality adjusted life years gained sort of ballpark range the accepted range, where the acquisition cost of the drug might fall. And so as I mentioned, somewhere in the sort of \$3,000 to \$6,000 per year cost of alirocumab would translate into a very favorable outcome with that sort of ballpark range cost.