

SHAUN GOODMAN: So at this American Heart Association meeting, my colleague and friend Dr. Deepak Bhatt, who is a member of the ODYSSEY Outcomes executive steering committee with me, will be presenting the data from the ODYSSEY Outcomes pharmacoeconomic analysis, using US costing.

And I think the bottom line, from a clinician perspective, is that the willingness of our payors to cover our patients with this particular therapy-- for example, alirocumab, a PCSK9 inhibitor-- will really depend on the certain characteristics of the patient. So we looked at post-acute coronary syndrome patients. And we also looked at specific subgroups of individuals post-ACS who are at particularly high risk-- for example, those who have, despite background, maximally-tolerated statin therapy, plus or minus ezetimibe, still have an LDL cholesterol that's quite high.

So, for example, in millimoles per liter, above 2.6 millimoles per liter, above 100 milligrams per deciliter and beyond-- those are patients who are particularly high-risk.

And from a cost perspective-- it looks like something that would be very favorable from an economic argument perspective would be in the ballpark of somewhere between \$3,000 to \$6,000 US per year for the cost of alirocumab. And our analysis certainly confirms that in that ballpark range, there is a very favorable and reasonably cost associated with the reduction in outcomes.