

**SPEAKER:** It's difficult to get these drugs approved. I think everybody knows that. In the United States where I practice, where there's a lot of forms that have to be filled out, the preauthorization, going through a pharmacy benefits manager is challenging. And I think when we first started prescribing these drugs, we had a lot of failure of authorization. And now we've learned better how to go through that.

We typically use mid-level providers, such as nurse practitioners or physician's assistants to help us with this. So I'm not the one primarily filling out the forms, but I'm making the decision and then I'm providing the clinical evidence where I think the drug is indicated. And in those settings and patients who are insured, we typically will get drugs approved. And it just takes a period of time and you have to go through the process.

And we're trying to make that more efficient and trying to do that more systematically in our clinic so that it's not taking a lot of time from the other health care professionals to do it, making it as efficient as possible. But yet, we do know that you can't just prescribe a drug like this unless you've optimized oral lipid-lowering therapies first. And you won't get approved unless you've done that.