

SPEAKER: The first patient I prescribed a PCSK9 drug in was someone who was in his mid 40s, had suffered a stroke, two prior myocardial infarctions, and had undergone coronary artery bypass grafting surgery, repeated percutaneous coronary revascularization, and had peripheral arterial disease surgery in his lower extremities. He had struggled for 30 plus years with an elevated lipid profile. He had struggled with statins. He had struggled with lowering LDL with statin and ezetimibe.

When the PCSK9s were first approved, I had him come into the office within a month. I wrote a prescription for one of the PCSK9 drugs. He came back two months later. And he was floored. His LDL was below 100 for the first time in his life. Ultimately, we uptitrated that PCSK9 drug to the highest strength. And he was able to get an LDL around 70, when previously, even on maximum oral drug therapy, his best LDL had been about 190 to 195.

He has two sons who are in their 20s. And he is hopeful that they can get on PCSK9 therapy and not have to experience the burden of cardiovascular disease he's been through. He actually has hope he may live to see his grandchildren come someday and enjoy life in his senior years.

Second patient I used, who's very classic, is someone who had undiagnosed FH, presented in our coronary intensive care unit with his first myocardial infarction. His LDL was 215 despite some statin therapy. I wrote a prescription for him for a PCSK9 drug on the day of admission. Unfortunately, it didn't get started because of two reasons, one, we had to go through prior authorization, despite him having FH. And two, we dismissed him the second day after his myocardial infarction because he was doing so well. So he had to get started in the outpatient setting.

I am much more aggressive now with the reduction in cost because the PCSK9s are roughly \$400 to \$500 a month with a typical 20% copay. So our patients are now getting them at a much more economical price to use them in patients with diabetes, patients with coronary artery disease whose LDLs remain above a target. For me, that target is between 50 and 70 provided the patient is tolerating the therapy. So that's the third population I would use them in and plan to use them more aggressively in.