

**SPEAKER 1:** PCSK9 drugs have been hard to start up until now, because they are too expensive. 14-- 15,000 was way too high of a price for either of the currently approved monoclonals. Thankfully, both sponsors, both companies, or the three companies involved for the two drugs, have lowered the price by 50%. That's an important milestone, an important step.

That makes the drugs largely affordable with insurance for patients who have insurance coverage. It's still probably a bit too pricey for patients who are on multidrug therapy who are paying completely out of pocket. But I'm much happier to see them at \$500 a month with initial coverage than at \$1,200 a month where they were. Access. I think will become much easier. And I think the utilization of the drugs will show a slow uptick and then gradually continue to increase.

I think there's been a huge break on prescribing PCSK9s. And as a consequence, most providers have simply not paid attention. They've viewed those to be in the realm of one or two individuals in their practice who specialize in treating lipids, either as a cardiologist, endocrinologist, internist, primary care physician, or other specialist, like a lipidologist.

So I think with the price reduction, the guidelines embracing PCSK9 therapy, the guidelines endorsing a new lower LDL threshold, we will see more and more patients be started on PCSK9 drugs. There are additional drugs in the pipeline being tested that may involve less frequent dose administration. I'm currently working on a therapy that involves two injections a year, as opposed to an injection twice a month or every two weeks. And I think when it gets that simple, perhaps even PCSK9s will be much more widely used than they are now.