

SPEAKER 1: In my practice, I start-- we have, in our experience, we have now close to 300 patients under standard of care, according to FDA indications, taking PCSK9 injectable therapy. And so we're aware to find a set of entry criteria and standard approaches that will reduce the aggravation that you have to suffer in getting insurance approvals. And our approach is what we define staying clearly within the FDA indications. So the patient that appears to have familial hypercholesterolemia, we see many that qualify as having familial hypercholesterolemia, but we select those for PCSK9 inhibitors as the ones that the insurance for sure will not argue against us.

And so as a doctor, you simply don't say, this patient has familial hypercholesterolemia hoping that the insurance believes you. You need to actually provide information. So you need to be accurate in reporting family history, both of the high cholesterol and the presence of cardiovascular disease. You need to evaluate whether the patient has any evidence of vascular disease, even without symptoms, even without prior interventions. You can do, for example, a chest CT for coronary artery calcium scoring. Or you can do a Doppler evaluation of the carotid arteries. And even in asymptomatic patients, it's much easier to get points for the definition of familial hypercholesterolemia.

And one important thing that doctors fail to do is reporting arcus, reporting xanthomas and xanthelasmas, and evaluating the Achilles tendons-- being kind of more generous than in the past in attributing thickening and the presence of bumps or maybe some degree of soreness as you evaluate the tendons because that also gives a point. And the point system is what the insurances use in terms of determining whether the patient qualifies or not under the umbrella of familial hypercholesterolemia.

For people who are not familial hypercholesterolemia, you use the presence of cardiovascular disease. In most cases, the symptomatic presentation-- patients who come with a history of bypass surgery, or stent placement, or unstable angina-- if their LDL is inappropriate, then that's your definition.

But in most cases, when the LDL is above 70-- if it's about 100, it's easy-- if it's above 70, it may require a little bit of arguing with insurances.