SERGIO FAZIO: As doctors-- and I always teach this to my students and residents, that we need to talk money in the patient room. We need to verify what the patient's exposure to a cost of anything we recommend, from a diagnostic procedure to a pharmaceutical intervention or the use of a device.

For PCSK9 inhibitors, cost has been the biggest keyword, in addition to the issues of insurance approval, denial, and appeals and so on and so forth. The cost has been set, originally, at a price that was very high. But with time, and with the amplification of the market, the arrival on new results, there has been a good effort from both producers of PCSK9 inhibitors to go after the request from the public to control prices.

And we know now that both companies are making an effort to reduce prices by as much as 60% or so. However, I have to say that in my practice, we just had a paper accepted that will be published soon in *Circulation Research* showing that when we talk cost in the majority of cases, it's cost to the system, not cost to the patient.

We are publishing a paper out of our nearly 300 patients on PCSK9 inhibitor therapy. And the median copay for our patients is 0. So 50% of our patients will pay nothing. And 70% of our patients pay less than $10 a month.

The problem is with people who do not have commercial insurance. Medicare has the infamous donut hole that produces the need for the patients to pay everything until they're out of the hole. And many patients cannot afford that.

So the average copay for a Medicare patient, including the donut hole, is about $160 to $200 a month, all included. But for poor people with commercial insurance and people on Medicaid, the expense is for the system, which is still important to control, but not to the patient. There are very few patients that cannot take the drug for reasons of cost for their own pockets.