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Physician Views: Do cardiologists agree with payer rhetoric on PCSK9 inhibitors?

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# Physician Views: Do cardiologists agree with payer rhetoric on PCSK9 inhibitors?

## Scope

Last week, CVS Health became the second pharmacy benefit manager (PBM) to publicly highlight the potential cost of treatment to the US healthcare system associated with a new class of dyslipidaemia therapies called PCSK9 inhibitors. The two most advanced drugs in this class - Sanofi and Regeneron Pharmaceuticals' alirocumab and Amgen's evolocumab - are widely expected to gain FDA approval during the second half of 2015.

Two key points arise from CVS' eye-watering assertion that the PCSK9 class could cost the US system up to \$150 billion a year; whether such public assessments are now the 'new normal' in a post-Sovaldi payer environment and whether anticipated physician usage of these new drugs supports the estimation provided by CVS? - ViewPoints: CVS Health gets the math wrong, but is it the thought that counts?

Feedback sourced from physicians by FirstWord over the past few years indicates that the cost estimate provided by CVS represents a worst-case scenario by some margin. Nevertheless, we thought it useful to poll US-based cardiologists this week in light of the potential significance that payer stance towards the PCSK9s could have on these anticipated blockbuster products and potentially other drug classes.

## Purchase Reasons

Specifically we are asking US-based cardiologists:

Despite the broad popularity of this drug class, there remains significant scope to optimise the use of statin therapy in patients who may initially be deemed intolerant or who may be presumed unlikely to reach LDL goal with a statin.

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