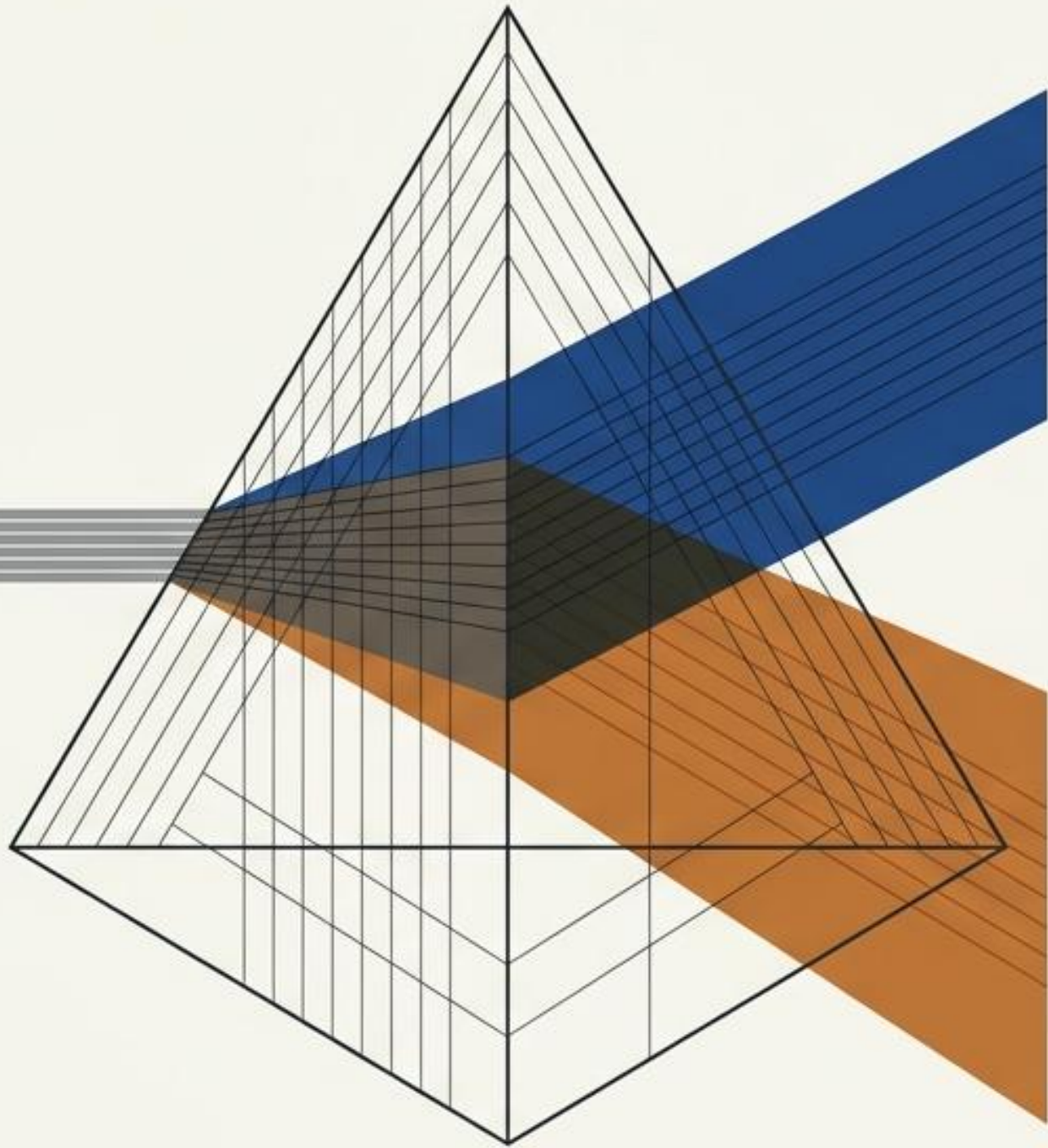


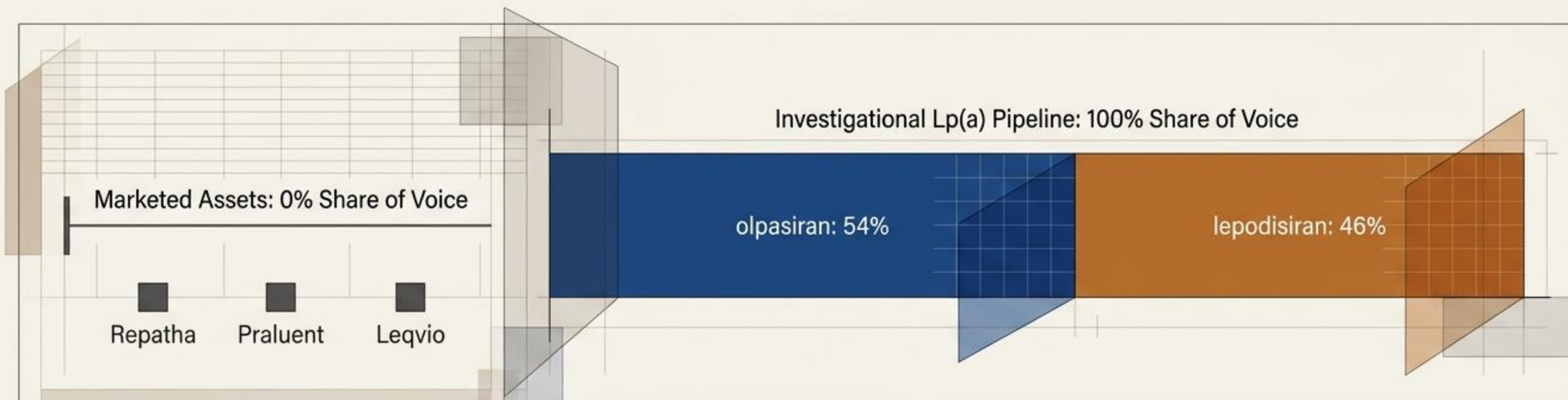
# AI Perception Mapping in Lipid Management

Navigating the Generative AI Landscape for PCSK9s, inclisiran, and emerging Lp(a) siRNAs.





# The AI Perception Disconnect



## 01 The Pipeline Fixation

Despite representing the current market, Repatha, Praluent, and Leqvio are relegated to background context.

AI models are entirely captivated by the unresolved future of Lp(a) therapies.

## 02 The Tale of Two Models

**GPT-5.5** strictly anchors to regulatory frameworks and mature outcomes evidence.

**Gemini** speculates aggressively on real-world friction, pricing fears, and future payer policy.

## 03 The Outcomes Imperative

Sentiment remains analytically neutral across models (0 positive, 0 negative, 3 neutral).

Outcomes data, patient access pathways, and adherence friction form the sole currency of AI differentiation.



# Mapping the AI Lenses: Model Archetypes

## GPT-5.5

### The Regulatory Realist

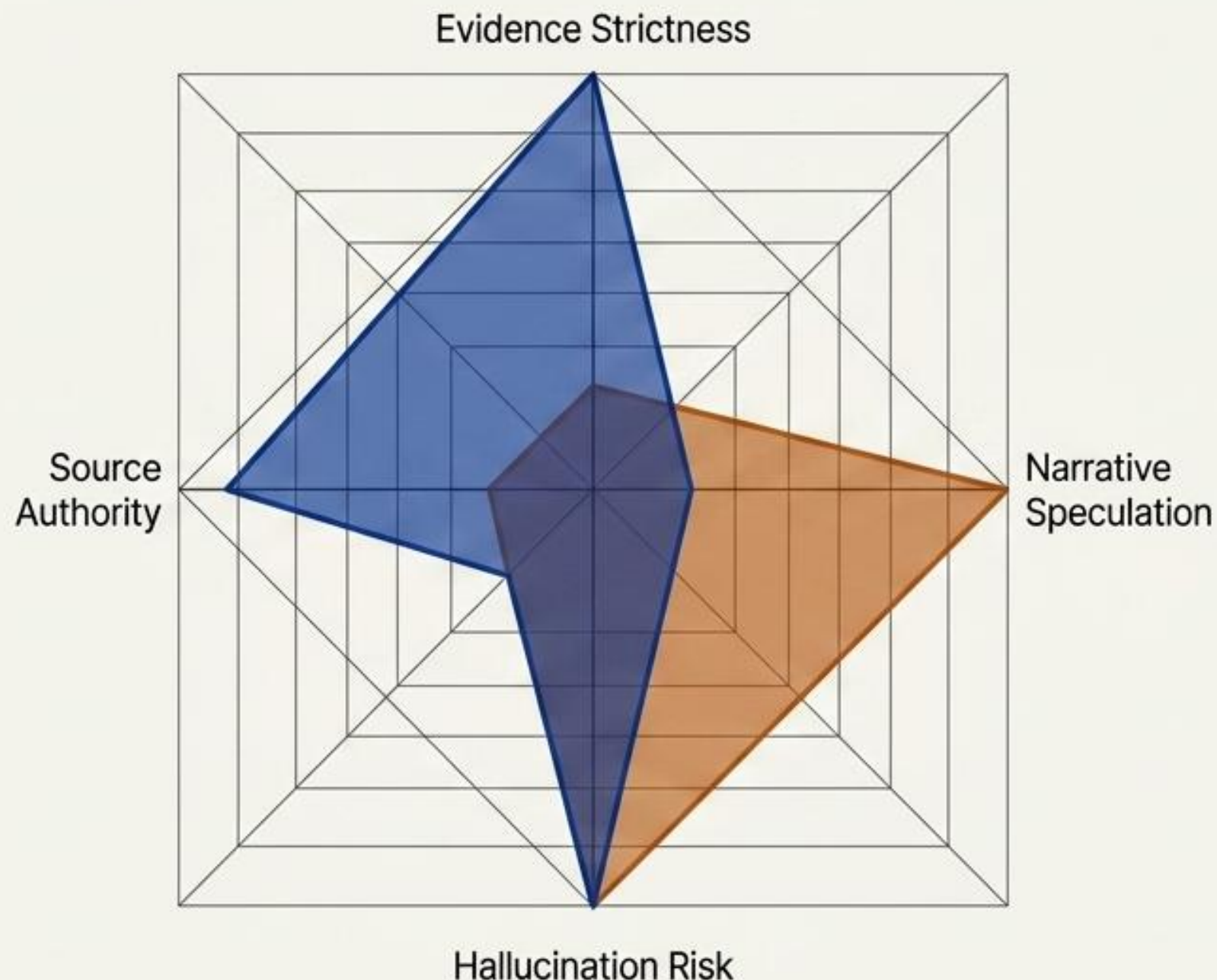
Highly structured, cautious, and evidence-hierarchical. Separates established data from unresolved gaps.

#### Strengths:

Exceptional clinical fidelity and accurate trial citations.

#### Blindspots:

Over-relies on formal labels; dismisses real-world patient sentiment with heavy caveats.



## Gemini

### The Predictive Speculator

Expansive and narrative-driven. Connects clinical data to behavioral anxiety and future access barriers.

#### Strengths:

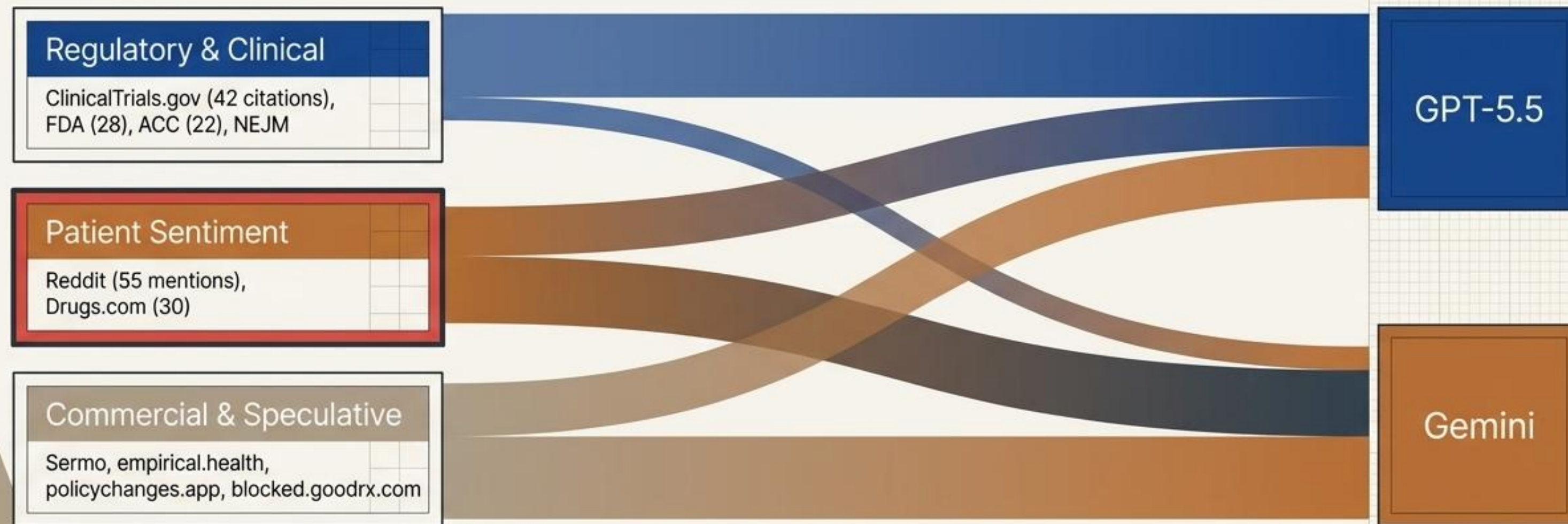
Excellent at signal discovery and surfacing human-centric concerns.

#### Blindspots:

High hallucination risk (e.g., invents specific coverage percentages); heavily relies on weaker commercial domains.



# The Algorithmic Supply Chain



## The Universal Vulnerability:

Both models are hyper-exposed to patient sentiment ecosystems. Reddit is the #1 most cited source overall. Self-reported adverse events are disproportionately shaping AI-generated market narratives across all lipid therapies.



# The Clinical Outcomes Imperative

## The Pipeline

Olpasiran & lepodisiran dominate AI attention. Framed entirely around one unresolved question: Will profound biomarker lowering translate to hard cardiovascular event reduction?

## The Challengers

Praluent is viewed as credible (ODYSSEY) but undifferentiated. Leqvio is framed strictly as an adherence tool awaiting ORION-4 and VICTORION-2 outcomes.

## The Leader

Repatha is recognized as having the most mature outcomes evidence (FOURIER, VESALIUS-CV), but is penalized by AI for being "past" the hype cycle.



# Quantifying Patient Sentiment Friction

Patient Friction Heatmap

|             | Tolerability (Pain/Fatigue) | Injection Burden | Reversibility/Control | Payer Access / Anxiety |
|-------------|-----------------------------|------------------|-----------------------|------------------------|
| Repatha     |                             |                  |                       |                        |
| Praluent    |                             |                  |                       |                        |
| Leqvio      |                             |                  |                       |                        |
| olpasiran   |                             |                  |                       |                        |
| lepodisiran |                             |                  |                       |                        |

**Repatha & Praluent  
(High Tolerability Friction)**

Reddit echo chambers drive a persistent narrative of muscle/joint pain, fatigue, and brain fog. GPT-5.5 caveats these as self-reported; Gemini treats them as systemic.

**Leqvio  
(High Reversibility Friction)**

Unique patient anxiety surfaces regarding the 6-month dosing interval. AI captures fears of a 'loss of control' if adverse effects occur, viewing long-action as a point of no return.

**Pipeline  
(High Access Anxiety)**

Minimal real-world tolerability data. Friction centers on trial access frustration, placebo fears, and Gemini-fueled anxiety regarding unknown gene-silencing mechanisms.



# Navigating the Market Access Hierarchy

Broadest  
Access

## Tier 1: Advantaged

Repatha

Unanimous AI consensus on the strongest position. Driven by mature outcomes evidence, broad label, and established direct cash-pay channels.

## Tier 2: Payer-Sensitive

Praluent

Recognized as broadly covered, but AI correctly flags vulnerability to aggressive step-therapy and payer-preference blocking favoring Repatha.

## Tier 3: Workflow-Dependent

Leqvio

Both models capture the medical-benefit complexity. Success is framed entirely around buy-and-bill infrastructure, coding logistics, and HCP-administered adherence.

## Tier 4: Speculative Pre-Launch

olpasiran & lepodisiran

No routine US coverage. Gemini aggressively speculates on highly restrictive future payer policies and strict Lp(a) thresholds tied to cost-effectiveness.

Pre-Launch  
Uncertainty



# Strategic Playbook: Repatha

AI Diagnostics



Repatha Node

**Current Position:**

The undisputed leader in evidence maturity and access readiness.

**The AI Risk:**

Vulnerable to the Reddit-fueled tolerability narrative (limb pain, brain fog). Increasingly framed as “mature/past” compared to the highly visible Lp(a) pipeline.

Strategic Imperatives

**01 Flood the Zone**

Saturate indexable domains with authoritative content on absolute benefit and lower-risk primary prevention.

**02 Counter the Noise**

Produce high-quality, empathetic adverse-event management content to outrank Reddit complaint echo chambers.

**03 Protect the Baseline**

Build non-promotional explainers differentiating LDL-C vs. Lp(a) to prevent displacement by pipeline excitement.



# Strategic Playbook: Praluent

AI Diagnostics



Praluent Node

**Current Position:** Clinically credible, but suffers significantly from "The Other PCSK9" syndrome in AI outputs.

**The AI Risk:** Generative AI flattens Praluent's differentiation, frequently defaulting to Repatha's superiority in payer-preference logic and step-therapy modeling.

## Strategic Imperatives

### 01 Sharpen AI-Visible Identity

Anchor digital content aggressively to the ODYSSEY OUTCOMES data and specific post-ACS patient populations.

### 02 Highlight Flexibility

Ensure dosing flexibility and tolerability-switching narratives are highly visible to authoritative AI crawlers.

### 03 Avoid Broad Comparisons

Compete heavily where plan-specific access matters. Avoid broad superiority claims that AI models will immediately contradict using FDA/ACC data.



# Strategic Playbook: Leqvio

## AI Diagnostics



### Leqvio Node

#### Current Position

The "Convenient but Unproven" adherence solution heavily tied to medical-benefit workflow.

#### The AI Risk

Constrained by the AI-generated caveat "cardiovascular outcomes not yet determined." Six-month dosing triggers distinct patient anxiety around side-effect reversibility.

## Strategic Imperatives

- 01

**Re-frame the Adherence Story**  
Saturate HCP channels with indexable, clear guides on medical-benefit routing and buy-and-bill logistics to reinforce the convenience narrative.
- 02

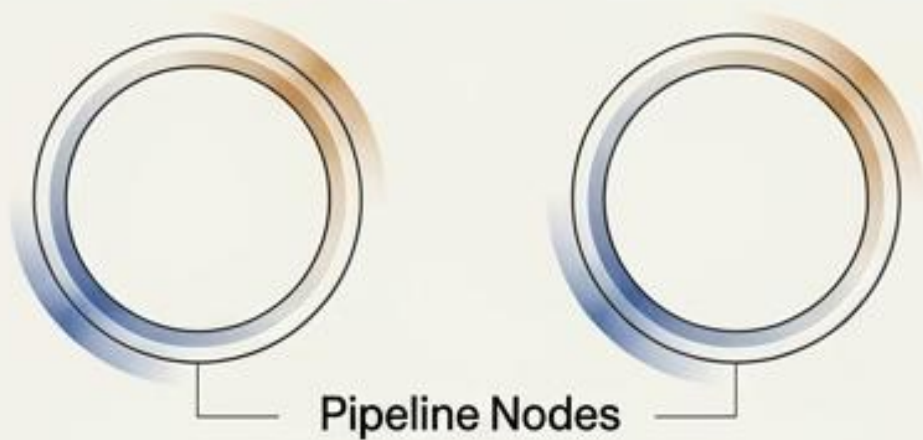
**Address Reversibility**  
Proactively publish content addressing the "loss of control" fear using balanced, authoritative safety language.
- 03

**Pre-seed Outcomes Data**  
Ensure AI systems are primed for ORION-4 and VICTORION-2  
Prevent data to rapidly shift the narrative once available.



# Strategic Playbook: Olpasiran & Lepodisiran

## AI Diagnostics



### Current Position

The hyper-visible, undisputed future of lipid therapy commanding a combined 100% baseline share of voice.

### The Risk - Olpasiran

Expectation management. AI models are over-associating the asset with transformative outcomes before phase 3 data is finalized.

### The Risk - Lepodisiran

Gemini is morphing the narrative around its extreme durability into a 'point of no return' safety anxiety.

## Strategic Imperatives

01

### Manage the Gap

Rigorously distinguish Phase 2 biomarker reduction from proven Phase 3 outcomes in all AI-facing materials.

02

### Control the Horizon

Produce authoritative content on long-term safety, trial design, and monitoring to combat speculative commercial blogs that invent future payer restrictions.



# Controlling the Algorithmic Horizon

