USE OF ARILOCUMAB AND EVOLOCUMAB: LIPID LOWERING THERAPIES

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BACKGROUND
Arilocumab and evolocumab are protein convertase subtilisin/kexin type 9 inhibitors (PCSK9), monoclonal antibody (mAb), for primary treatment of hypercholesterolaemia or mixed-dyslipidaemia:
- In combination with other lipid-lowering therapies unable to reach low-density lipoprotein (LDL-c) goals (<100 mg/dL);
- alone or in combination with other lipid-lowering therapies in patients statin-intolerant or statin-contraindicated.

PURPOSE
To evaluate effectiveness, safety and cost of alirocumab and evolocumab.

MATERIAL AND METHODS
Retrospective and observational study (April 2016 to September 2016).
Data collected were: sex, age, diagnosis, previous/concomitant treatment and duration of treatment.

1) Effectiveness: total cholesterol (total-c) and LDL-c (electronic clinical review: MambrinoXXI ®).
2) Safety: established collecting adverse events (AE) reported for patients in Pharmacy Outpatient Unit.

RESULTS
12 patients were included (92% men), median age: 58 years (rank: 25-78).
Diagnosis: 41% dyslipidaemia, 25% hypercholesterolemia, 17% hyperlipidaemia and 17% heart disease.

50% patients received alirocumab and 50% evolocumab.
All patients had been treated with statins before mAb therapy. In the 42% of the cases statins had to be removed, mainly because of miositis (80%). The rest of patients were not statin-intolerant but LDL-c goals were not achieved.
At the end of the study, median duration of treatment was 15 weeks (rank: 11-19) and all patients continued mAb treatment.

CONCLUSIONS
New lipid-lowering drugs seem to be a new therapeutic alternative for hypercholesterolaemia or mixed-dyslipidaemia when statin and or other lipid-lowering therapies are not effective or contraindicated.
However, effectiveness is only valuable with LDL-c data, regardless cardiovascular morbidity and mortality effects. Because of that, it should be necessary to extend long-term studies to check repercussion of these drugs beyond reduction LDL-c values.

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