COPENHAGEN 2025
29TH EAHP CONGRESS
12-13-14 MARCH
PERSON CENTRED PHARMACY - NAVIGATING DIGITAL HEALTH

Hospital Universitario de Móstoles
SaludMadrid

Abstract Number: 2SPD-013

EFFECTIVENESS AND EFFICIENCY OF PCSK9 INHIBITORS: CLINICAL PRACTICE EXPERIENCE

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BACKGROUND AND IMPORTANCE

In recent years, the use of PCSK9 inhibitors (iPCSK9) has increased due to their results in lowering LDL cholesterol (LDL-C) and their corresponding impact on patients cardiovascular health.

AIM AND OBJECTIVES

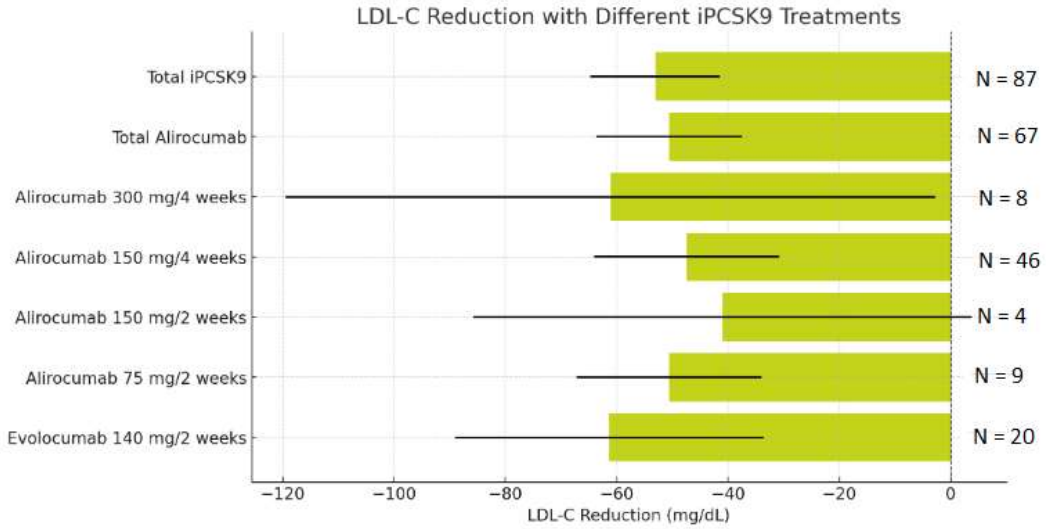
The primary objective is to compare the effectiveness and efficiency in reducing LDL-C between the off-label use of alirocumab 150 mg/month and the other dosing regimens indicated in the drug's technical data sheet. The secondary objective is to compare the effectiveness between the iPCSK9 alirocumab and evolocumab.

MATERIAL AND METHODS

A retrospective observational study was conducted with patients from our hospital receiving any iPCSK9 in various dosing regimens. The following data were collected: iPCSK9 drug, dosing regimen, indication, and lipid profile. Patients without a second blood test or with a treatment duration of less than 28 days were excluded. To compare the mean LDL reduction between different treatment regimens, the Student-Fisher t-test was used. For cost calculations, prices were obtained through the Nomenclator.

RESULTS

114 patients analyzed
27 excluded
55,3% men



No significant differences were observed between alirocumab and evolocumab: -10.8 mg/dL (95%CI: -38.6 to 17.1). Similarly, no significant differences were found between the 75 mg/2-week and 150 mg/4-week regimens of alirocumab, 14.5 mg/dL (95%CI: -24.5 to 53.5); nor between the 150 mg/2-week and 150 mg/4-week regimens, 6.4 mg/dL (95%CI: -50.8 to 30.8). The difference between alirocumab 300 mg/4-weeks and 150 mg/month was -13.7 mg/dL (95%CI: -58.3 to 30.8). All dosing regimens have the same monthly cost, except for the off-label regimen, which would result in a 50% cost reduction.

CONCLUSION AND RELEVANCE

Given that the monthly cost is the same for all alirocumab dosing regimens, and no significant differences were found between the regimens, the administration of alirocumab 150 mg/month was identified as the most efficient regimen. We found no significant differences in LDL-C reduction between the various alirocumab dosing regimens. Additionally, no differences were observed between alirocumab and evolocumab.