



## EXPERIENCE OF USING BEMPEDOIC ACID ONE YEAR SINCE ITS FUNDING IN THE NATIONAL HEALTH SYSTEM

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### BACKGROUND AND IMPORTANCE

**Bempedoic Acid (BA)** is a **new lipid-lowering** drug funded by the national health system (NHS) for patients with atherosclerotic vascular disease (AVD) or familial hypercholesterolemia (FH) not controlled with the maximum dose of statin + ezetimibe or with intolerance/contraindication to statin/ezetimibe.

### AIM AND OBJECTIVES

To describe the **experience of using bempedoic acid** one year after funding by the national health system.

### MATERIALS AND METHODS

- ❑ **Retrospective observational** descriptive study carried out between September 2023 to September 2024. All BA prescriptions made by hospital specialists were included.
- ❑ Patients with BA prescriptions were tracked by the region's medical prescription analysis system and demographic, clinical and laboratory variables were collected from the medical record. Effectiveness and safety were analyzed through clinical follow-up and analytical monitoring.
- ❑ Results were analyzed in Stata v17.0.

### RESULTS

<b>Patients, n</b>	45
<b>Age, median (IQR)</b>	71 years (63-76)
<b>Women</b>	42.70%
<b>follow-up time, median (IQR)</b>	4.9 months (3.6-6.3)
<b>Indications for BA</b>	
<b>Atherosclerotic vascular disease</b>	57.15%
<b>Familial hypercholesterolemia</b>	42.85%

Indications and dose of BA	Frecuency
BA 180mg + ezetimibe 10mg + atorvastatin/rosuvastatin for <b>suboptimal control of their LDL-C levels</b> with high intensity statin + ezetimibe	33.33%
BA 180mg + ezetimibe 10mg for <b>non-tolerance/contraindication to statins</b> despite modification of statin type/dose reduction	47.62%
BA 180mg monotherapy for <b>intolerance/contraindication to statin and ezetimibe</b>	19.05%

Adverse Events	Frecuency	Observations
<b>Hypertransaminemia</b>	11.11%	<2 times the ULN
<b>Hyperuricaemia (&gt; 7.5 mg/ml)</b>	6.66%	Not require treatment
<b>HyperCKaemia</b>	6.66%	3 times the ULN
<b>Slightly increased serum creatinine</b>	8.88%	
<b>Reduced haemoglobin levels</b>	22.22%	Reduced levels 1.85%-9.63% but in no case was there anaemia (<14.0 g/dl)

✓ **100% patients reduced LDL-C** and total cholesterol levels with median reductions of 26.3% (IQR 21.7%-32.5%) and 18.0% (IQR 15.7%-27.7%) respectively. **The 70% reduced their triglyceride levels..**

- ✓ **100% patients who intensified therapy with BA + statin + ezetimibe reached the therapeutic target** (LDL-C <55 mg/mL)
- ✓ **93.3% the statin-intolerant patients reached the target** with BA 180mg + ezetimibe 10mg

### CONCLUSION AND RELEVANCE

- **In all cases BA lowered plasma LDL-C** compared to previous therapy with a median reduction of >25%.
- **BA addition achieved the target in 100% of patients** when control was suboptimal despite high-dose statin + ezetimibe and in 80% the statin-intolerant patients.
- BA did not present any adverse effects that would require its suspension.