ANALYSIS OF ADAPTATION TO A PROTOCOL OF USE OF THE PCSK9 INHIBITORS.

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4CPS-030

C10 Lipid modifying agents

Background

The aim of the Hospital Medicine and Therapeutics Committees (HMTC) is to promote the rational use of drugs through therapeutic improvement in terms of effectiveness, safety and cost.

Purpose

To analyse the degree of adaptation to a protocol established by the HMTC on the use of the PCSK9 inhibitors (Evolocumab and Alirocumab).

Material and methods

A retrospective observational study including patients who received Evolocumab and Alirocumab since the approval of the protocol (December 2016) until August 2018. It established to adjust the diagnosis to the four indications under the National Health System coverage, providing also clinical and analytical data of the patient (previous lipid-lowering treatment, intolerance of statins and previous levels of LDL-C). Furthermore, we proposed to re-evaluate the result one month after starting treatment and suspend it if LDL-C> 70 mg/dl or had not reduced> 40% regarding the baseline value.

The variables collected were: sex, age, diagnosis, type of PCSK9 inhibitor, previous LDL-C levels, previous cardiovascular event (CVD) (yes / no), previous treatment (yes / no) and discontinuations (yes / no). Data were obtained from electronic prescription software (APD-Prisma) and medical records.

Results

- 26 patients were treated, mean (SD) age 55 (21) years and 58% men. 77% of them received Alirocumab.
- Median (SD) previous LDL-C levels were 155.6 mg / dL (47, 6).
- 77% had suffered some previous CVD.
- 100% had been previously treated with lipid-lowering drugs.
- Discontinuation occurred at some time in 15% of patients.
- The main diagnosis was (73%) established atherosclerotic cardiovascular disease with the maximum tolerated dose of a statin and LDL-C level greater than 100 mg / dL.
- In no case, there was a re-evaluation on the next month.
- 50% reached levels <70 mg / dl but at three months with a median (SD) of 72 mg / dl (62, 9)

Conclusion

The degree of adaptation to our protocol was irregular. While the adjustment to indications was fairly good, the follow-up based on clinical and analytical data could be improved.

http://www.eahp.eu/24-4CPS-030