



THE PRIMARY EFFICACY ENDPOINT FOR ALIROCUMAB, REDUCTIONS IN LOW-DENSITY LIPOPROTEIN CHOLESTEROL

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PURPOSE

To analyse the use and outcomes of **alirocumab** treatment in patients with familial hypercholesterolemia (FH), or dyslipidemia with high/very high cardiovascular (CDV) risk, as an adjunct to diet in a tertiary-level hospital.

METHODS

Retrospective, observational study

Patients treated with **alirocumab**

September 2016  September 2018

Variables

- Age
- Sex
- Diagnosis
- Dose variation
- Serum levels of LDL-c (low-density lipoprotein cholesterol)

Evaluation

- **Inadequate control:**
 LDL-c \geq 70 mg/dL after **12 weeks** of treatment

RESULTS

Patients	N=74
Mean Age	58,6 years
Sex	64% men
Diagnosis	FH or dyslipidemia with high/very high CDV risk

LDL-c Levels	N
Baseline > 150 mg/dL	80%
Reached the targeted range	40 (54%)
Reached >70 mg/dL	34 (46%)

Alirocumab starting posology:

75 mg/14 days



Increased to **150 mg/ 14 days** by **week 12:**

9 patients (27%)

CONCLUSION

- **Dosage adjustments** according to LDL-c levels should be followed closely to achieve better outcomes.
- The dose should be increased to **150 mg** every 2 weeks at **week 12** if LDL-c is **greater or equal to 70 mg/dL** at week 8.
- An adequate organization and coordination between the different implicated medical services would be recommendable, as the dates for monitoring LDL-c and the optimal monitoring interval are already established.