

# USE OF ARILOCUMAB AND EVOLOCUMAB:

## LIPOD 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 ariocumab 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.

#### TO EVALUATE:

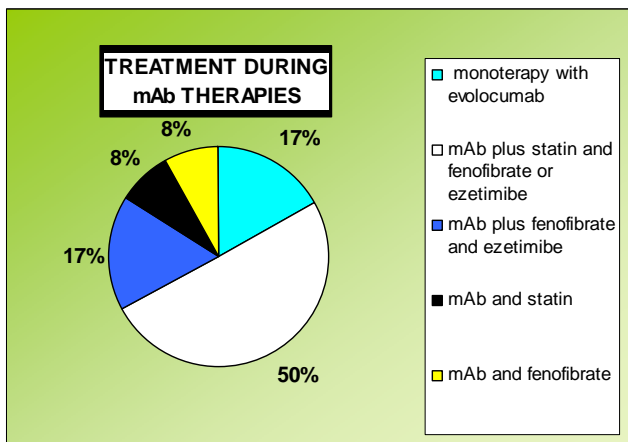
- 1) **Effectiveness:** total cholesterol (total-c) and LDL-c (electronic clinical review: *MambrinoXXI*®).
- 2) **Safety:** established collecting adverse events (AE) reported for patients in Pharmacy Outpatient Unit.
- 3) **Cost:** cost/patient/year.

### 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 arilocumab and 50% evolocumab.

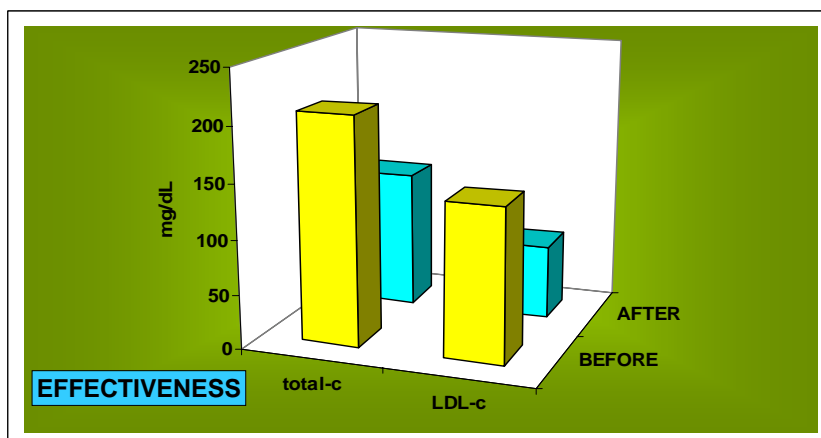


All patients had been treated with statins before mAb therapy. In the 42% of the cases statins had to be removed, mainly because of myositis (80%). The rest of patients were not statin-intolerant but LDL-c goals were not achieved.

At the end of the study, median duration of treatment was 15 weeks (rank: 11-19) and all patients continued mAb treatment.

**Safety** No AE were reported.

**Cost** Estimated cost in our hospital (1st year): 5.000€/patient.



### 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.