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ANALYSIS OF USE AND THERAPEUTIC ADHERENCE AMONG PATIENTS TREATED WITH BEMPEDOIC ACID AT A LOCAL HEALTH AUTHORITY

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BACKGROUND AND IMPORTANCE

Among lipid-lowering therapies, bempedoic acid (either as monotherapy or in combination with ezetimibe) is the most recent drug approved for adult patients with primary hypercholesterolemia and mixed dyslipidemia. It is reimbursed by the Italian National Health Service for patients who are intolerant to statins or for whom maximum tolerated doses of statins fail to achieve therapeutic goals. The annual cost per patient for bempedoic acid therapy can range from 4 to 15 times higher than that of statin therapy. To ensure proper use, we conducted an analysis of patients enrolled in a treatment program with bempedoic acid at a Local Health Authority (ASL) in the Lazio region, with the aim of evaluating therapeutic continuity and assessing reports of adverse reactions in the National Pharmacovigilance Network for those patients who discontinued therapy.

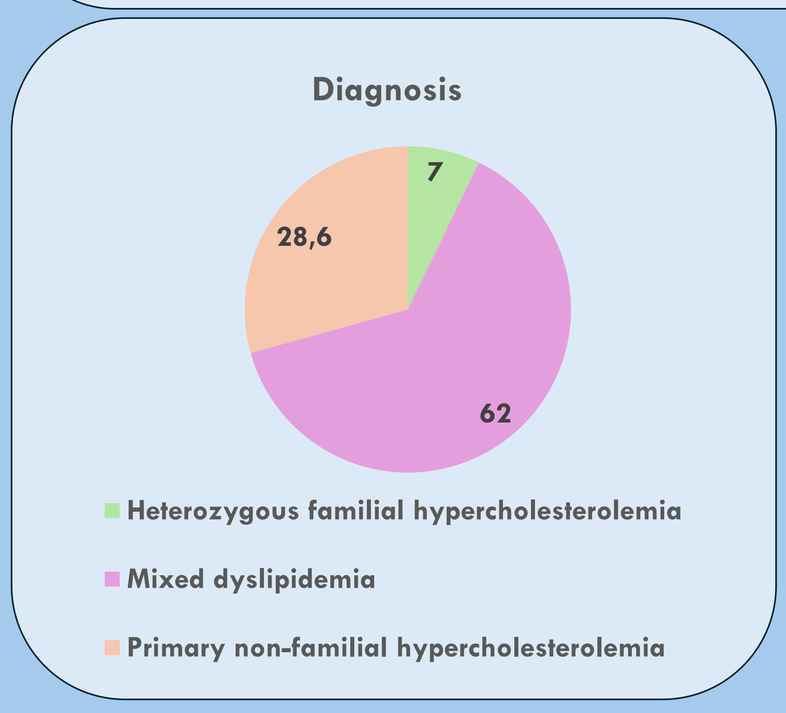
MATERIALS AND METHODS

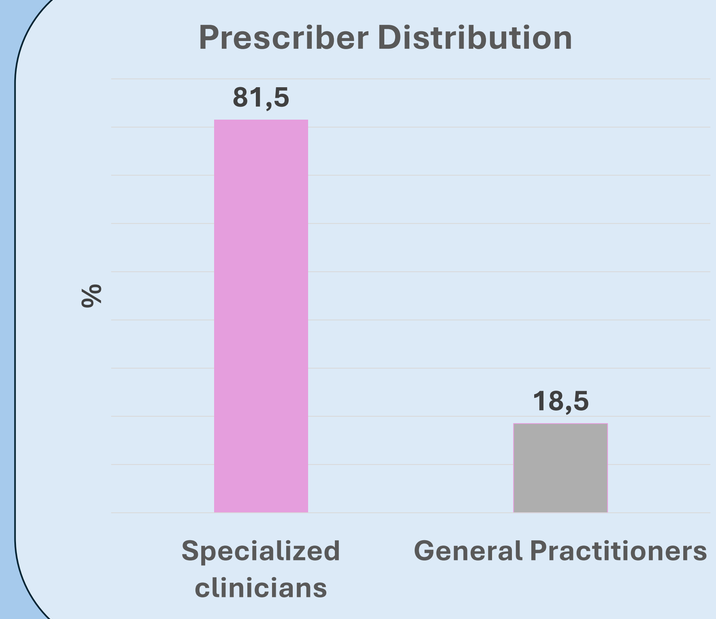
The patient cohort included those who initiated treatment with bempedoic acid between June 1, 2023, and May 30, 2024. The population was characterized by total number, sex, pathology, type of treatment, and prescriber. Particular attention was given to patients who discontinued bempedoic acid therapy, either alone or in combination with ezetimibe. Additionally, reports of adverse drug reactions (ADRs) to bempedoic acid were examined in the National Pharmacovigilance Network for patients at the ASL in the Lazio region.

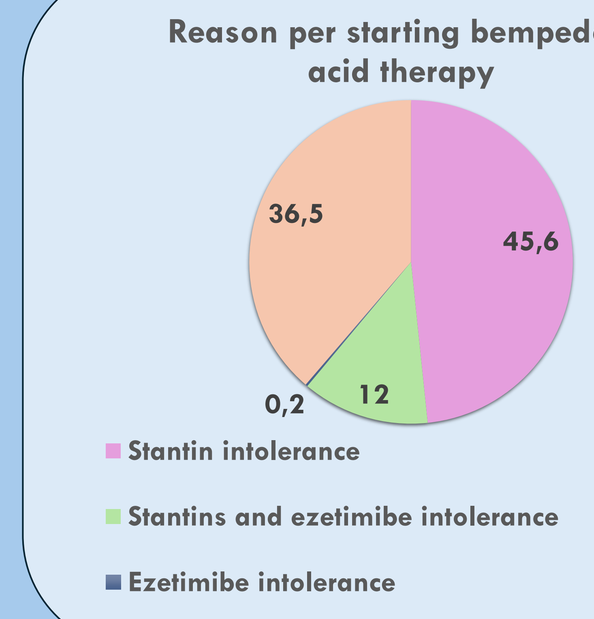
RESULTS

From June 1, 2023, to May 30, 2024, a total of 542 patients were enrolled, with 49.4% being male and 50.6% female. The predominant diagnosis was mixed dyslipidemia (62%), followed by primary non-familial hypercholesterolemia (28.6%) and heterozygous familial hypercholesterolemia (7.0%). Of the patients, 48.3% were treated with bempedoic acid alone, while 51.7% received bempedoic acid in combination with ezetimibe. Specialized clinicians prescribed 81.5% of these treatments, whereas the remaining 18.5% were prescribed by general practitioners. Statin intolerance was the primary reason for initiating bempedoic acid therapy in 45.6% of cases, 12% of patients were intolerant to both statins and ezetimibe, 0.2% were intolerant to ezetimibe alone, and 36.5% were on statins at the maximum tolerated dose.

A total of 23.1% of patients discontinued bempedoic acid therapy, either as monotherapy or in combination with ezetimibe, without any clinically documented reason known to the pharmacist (likely due to intolerance, non-adherence, or lack of therapeutic efficacy). No suspected adverse reactions were reported to the ASL.







CONCLUSION AND RELEVANCE

The findings regarding therapy discontinuation underscore the necessity of increasing healthcare professionals' awareness of the importance of reporting suspected adverse reactions to better characterize the safety profile of bempedoic acid, a drug currently under additional pharmacovigilance monitoring.