Aim and objectives To evaluate the effectiveness of alirocumab and evolocumab in reducing low density lipoprotein cholesterol (LDL-c) and RCE in patients with poorly controlled hyperlipidaemia.

Material and methods This was an observational and retrospective study which included every patient treated with alirocumab and evolocumab between March 2016 and September 2019. Demographics and clinical variables were collected from the electronic medical records: sex, age, drug, dose, frequency of administration, previous hypolipidaemic treatment, causes of suspension and analytical parameters at the start of treatment, and after 12 weeks and 24 weeks (total cholesterol (TC), LDL-c, high density lipoprotein (HDL)-cholesterol and triglycerides). To assess RCE, the Framingham scale was used, and if patients were diabetic or smokers was also recorded. To assess effectiveness, we calculated the percentage reduction (PR) of TC, LDL-c and RCE. Adverse effects (AE) were recorded to assess safety.

Results Forty-six patients were included (76% men, average age 60.8 (SD 11.1) years: 24 were treated with alirocumab and 22 with evolocumab. Median duration of treatment was 27.2 months (0.2–43.8). At drug initiation, 71.7% of patients were on high dose statins and 76.1% were on ezetimibe as an adjuvant. Six patients discontinued treatment: 4 for toxicity, 1 for associated pathology and 1 due to loss of follow up.

The mean baseline values for TC, LDL-c, HDL-cholesterol and triglycerides were, respectively: 237.6 (SD 79.5), 149.7 (SD 54.7), 52.3 (SD 13.9) and 166.2 (SD 111.5).

After 12 weeks of treatment, the PR in TC, LDL-c and RCE were 31.1%, 49.3% and 34.1%, and at 24 weeks, 29.9%, 43.7% and 32.8%, respectively. Eight patients recorded AE: 37.5% headache, 25% arthralgias, 25% flu-like syndrome, 12.5% hypertransaminasemia and 12.5% syncope.

Conclusion and relevance PCSK9 inhibitors are an effective and safe therapeutic tool in the control of LDL-c and cardiovascular risk. In our patients, a more pronounced reduction in the parameters was observed in the first 12 weeks and was maintained afterwards. In addition, the results obtained were similar to those of clinical trials.

REFERENCES AND/OR ACKNOWLEDGEMENTS

No conflict of interest.

4CPS-023 LONG TERM EFFICACY, SAFETY AND ADHERENCE TO ALIROCUMAB IN PATIENTS WITH DYSLIPIDAEMIA FROM A TERTIARY HOSPITAL COHORT

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Background and importance Alirocumab is a monoclonal antibody approved for the treatment of hypercholesterolaemia but long term clinical data are still limited.

Aim and objectives To assess the long term efficacy, safety and adherence to alirocumab after 96 weeks of treatment in a cohort of patients with dyslipidaemia.

Material and methods This was a retrospective observational study performed in a university tertiary hospital. All patients starting alirocumab before September 2017 in our institution and treated for at least 96 weeks were included.

Demographic, clinical and alirocumab data were collected. Treatment efficacy was calculated as per cent reduction in low density lipoprotein cholesterol (LDL-c) from baseline to 96 weeks after treatment initiation. Adverse effects were collected and classified according to the common terminology criteria.
for adverse events (CTCAE) V.4.0 grades. Mean adherence at 96 weeks was calculated by the medication possession ratio based on pharmacy refill records.

**Results** Thirty-three patients started alirocumab treatment in 2017 and 31 (93.9%) were still on treatment after 96 weeks. Two patients (6.1%) discontinued therapy: one due to an active malignancy and one due to loss of follow-up.

Patient characteristics were 58.1% men with a median (IQR) age of 65 (11) years. Alirocumab dose was 75 mg/2 weeks in 87.1% of patients and 150 mg/2 weeks in 12.9%. Secondary prevention was 83.9% and there was a high cardiovascular risk in 80.6%. Type of hypercholesterolaemia was heterozygous familial in 29.0% of patients, polygenic in 67.7% and combined familial hyperlipidaemia in 3.2%. Statin intolerance was found in 38.7% of patients. Comorbidities included diabetes mellitus 19.4%, hypertension 54.8% and smoking 3.2%.

Median (range) adherence was 100% (81.7–100%) (only 2 patients (6.5%) with adherence <90%). Median (IQR) reduction in LDL-c reduction was 59.5 (22.6%). Only one patient did not have a reduction in LDL from baseline (adherence 82%). A high cardiovascular risk was the only patient factor associated with 100% adherence (p=0.034). Mild adverse effects were present in 19.3% of patients (27.3% constipation, 18.2% flu-like syndrome, 18.2% pruritus and other (dizziness, palpitations, headache, dysgeusia) 9.1% each). All adverse effects (100%) were classified as CTCAE grade 1.

**Conclusion and relevance** More than 90% of patients starting alirocumab persisted with treatment for 96 weeks after initiation. Alirocumab showed good long term efficacy with a mean reduction in LDL of >50%. It was also well tolerated because all reported adverse events were mild and did not lead to any treatment discontinuation.

**REFERENCES AND/OR ACKNOWLEDGEMENTS**

No conflict of interest.

### 4CPS-024 EFFECTIVENESS OF ANTI-INTERLEUKIN-17 DRUGS IN PSORIASIS IN CLINICAL PRACTICE

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**Background and importance** Anti-interleukin-17 (IL-17) drugs are a new option for treating patients with psoriasis which have demonstrated high efficacy in clinical trials.

**Aim and objectives** To analyse the effectiveness of anti-IL-17 drugs for psoriasis in clinical practice.

**Material and methods** A cross sectional study was conducted in two regional hospitals with a total of 196 biologic treatments (BT) for psoriasis. Inclusion criteria were patients in active treatment for at least 12 weeks with an anti-IL-17 drug (secukinumab or ixekizumab) for psoriasis until October 2019. Data collected included patient characteristics, type of psoriasis, previous and actual treatment, effectiveness measured by the psoriasis area severity index (PASI) and the impact on quality of life measured by the dermatology life quality index (DLQI). Statistical analysis was carried out with SPSS Statistics V.22. Results are presented as mean (SD) for quantitative data and percentages for qualitative data.

**Results** Thirty patients were included in the study (15.3% of the total BT for psoriasis in both hospitals), 16 (53.3%) of whom were men, and mean age was 50.2 (13.6) years.

Distribution by types of psoriasis: 30 (100.0%) plaque, 7 (23.3%) nail, 6 (20.0%) palmoplantar, 6 (20.0%) scalp and 2 (6.6%) inverse psoriasis. Thirteen (43.3%) patients had more than one type.

**Conclusion and relevance** More than 90% of patients starting alirocumab persisted with treatment for 96 weeks after initiation. Alirocumab showed good long term efficacy with a mean reduction in LDL of >50%. It was also well tolerated because all reported adverse events were mild and did not lead to any treatment discontinuation.

**REFERENCES AND/OR ACKNOWLEDGEMENTS**

No conflict of interest.

### 4CPS-025 DUPILUMAB IN THE TREATMENT OF MODERATE TO SEVERE ATOPIC DERMATITIS: CASE REPORTS

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| 10.1136/ejhpharm-2020-eahpconf.126 |

**Background and importance** Dupilumab is authorised in the European Union for the treatment of moderate to severe atopic dermatitis (AD) in adult patients who are candidates for systemic treatment. It is a non-funded drug in Spain, so patients can only access this treatment through medication management under special circumstances according to the Spanish Agency for Medicines and Health Products (AEMPS).

**Aim and objectives** To analyse the criteria for use, effectiveness and economic impact of dupilumab in the treatment of moderate to severe AD.