



A WAY OUT

WITH

BEMZIRE

Bempedoic Acid 180 mg Tablets

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BACKGROUND:

Statin monotherapy or combinations of currently available drugs are unlikely to achieve optimal concentrations of LDL-C in all patients, especially those who are at high CV risk. Many patients do not achieve optimal low-density lipoprotein cholesterol (LDL-C) levels with statins alone or others are unable to tolerate statin therapy. Bempedoic acid is a new class of agent, and a prodrug which requires activation by the enzyme very-long-chain acyl-CoA synthetase 1, which is present in the liver but absent in most peripheral tissues. Bempedoic acid provides an effective and well-tolerated medication to further reduce LDL-C in patients taking maximally tolerated statins or manage LDL-C levels in those who are unable to take statins.

INDICATION:

BEMZIRE is indicated as an adjunct to diet and maximally tolerated statin therapy for the treatment of adults with heterozygous familial hypercholesterolemia or established atherosclerotic cardiovascular disease who require additional lowering of LDL-C.

MECHANISM OF ACTION:

Bempedoic acid is administered as a prodrug that is converted to its active moiety primarily in the liver and inhibits adenosine triphosphate citrate lyase (ACL).

- ✓ An enzyme two steps upstream from HMG-CoA reductase along the cholesterol biosynthesis pathway, thereby effectively reducing cholesterol synthesis.
- ✓ Resulting in LDL receptor upregulation.
- ✓ Increased clearance of LDL from the bloodstream.

USP:

- ✓ Reduce LDL-C in patients taking maximally tolerated statins.
- ✓ Manage LDL-C levels in those who are unable to take statins.
- ✓ Being absent in adipose tissue and muscle cells, its potential myotoxic effect is very limited, unlike statins.
- ✓ Oral, Once-daily.

DOSAGE AND ADMINISTRATION:

One tablet a day orally or as prescribed by the doctor.

References:

1. Cardiovascular Drugs and Therapy (2021) 35:853–864
2. Current Atherosclerosis Reports (2022) 24:791–801
3. Am J Health Syst Pharm. 2021 Jan 5;78(2):95–104
4. J Am Heart Assoc. 2019;8: e011662.
5. 2021 May;33 Suppl 1:53–57 doi: 10.1016/j.arteri.2021.02.012.

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