SUPPLEMENTAL MATERIAL

Table S1. Search strategy.

Search String	("hydroxymethylglutaryl-coa reductase inhibitors"[Pharmacological Action] OR "hydroxymethylglutaryl-coa reductase inhibitors"[MeSH Terms] OR ("hydroxymethylglutaryl-coa"[All Fields] AND "reductase"[All Fields] AND "inhibitors"[All Fields]) OR "hydroxymethylglutaryl-coa reductase inhibitors"[All Fields] OR "statins"[All Fields]) OR (("proprotein convertases"[MeSH Terms] OR ("proprotein"[All Fields] AND "convertases"[All Fields]) OR "proprotein convertases"[All Fields] OR ("proprotein"[All Fields] AND "convertase"[All Fields]) OR "proprotein convertase"[All Fields]) AND subtilisin/kexin[All Fields] AND type[All Fields] AND 9[All Fields] AND ("antagonists and inhibitors"[Subheading] OR ("antagonists"[All Fields] AND "inhibitors"[All Fields]) OR "antagonists and inhibitors"[All Fields] OR "inhibitors"[All Fields])) OR (pcsk[All Fields] AND 9[All Fields] AND ("antagonists and inhibitors"[Subheading] OR ("antagonists"[All Fields] AND "inhibitors"[All Fields]) OR "antagonists and inhibitors"[All Fields] OR "inhibitors"[All Fields])) OR ("ezetimibe"[MeSH Terms] OR "ezetimibe"[All Fields]) AND ("cholesterol, ldl"[MeSH Terms] OR ("cholesterol"[All Fields] AND "ldl"[All Fields]) OR "ldl cholesterol"[All Fields] OR ("low"[All Fields] AND "density"[All Fields] AND "lipoprotein"[All Fields] AND "cholesterol"[All Fields]) OR "low density lipoprotein cholesterol"[All Fields]) OR ldl-c[All Fields] AND ("diabetes mellitus"[MeSH Terms] OR ("diabetes"[All Fields] AND "mellitus"[All Fields]) OR "diabetes mellitus"[All Fields])

Table S2. Cochrane Quality risk assessment.

Studies	Randomization	Allocation concealment	Blinding (Physician/Patient)	Adjudication of outcomes	Selective outcome reporting	Incomplete data reporting addressed?	Free of other bias?
Statins							
PMSGCRP (1993)[1]	Low risk	Moderate risk	Low risk	Moderate risk	Low risk	Low risk	Low risk
4S (1994)[2]	Low risk	Moderate risk	Low risk	Low risk	Low risk	Low risk	Low risk
WOSCOP (1995)[3]	Low risk	Moderate risk	Low risk	Low risk	Low risk	Low risk	Low risk
LIPID (1998)[4]	Low risk	Moderate risk	Low risk	Low risk	Low risk	Low risk	Low risk
AFCAPS/TexCAPS (1998)[5]	Low risk	Moderate risk	Low risk	Low risk	Low risk	Low risk	Low risk
GISSI PREV (2000)[6]	Moderate risk	Moderate risk	High risk	Moderate risk	Low risk	Moderate risk	Moderate risk
ALLHAT-LLT (2002)[7]	Low risk	Low risk	High risk	Low risk	Low risk	Moderate risk	Moderate risk
GREACE (2002)[8]	Low risk	Moderate risk	High risk	Low risk	Low risk	Low risk	Low risk
PROSPER (2002)[9]	Low risk	Low risk	Low risk	Low risk	Low risk	Moderate risk	Low risk
HPS (2003)[10]	Low risk	Moderate risk	Low risk	Low risk	High risk	Low risk	Moderate risk
ASCOT-LLA (2003)[11]	Low risk	Moderate risk	Low risk	Moderate risk	Low risk	Low risk	Moderate risk
A to Z (2004)[12]	Low risk	Moderate risk	Low risk	Low risk	Low risk	Low risk	Low risk
PROVE IT (2004)[13]	Low risk	Moderate risk	Low risk	Low risk	Low risk	Low risk	Low risk
IDEAL (2005)[14]	Moderate risk	Low risk	High risk	Low risk	Low risk	Low risk	Moderate risk

TNT (2005)[15]	Moderate risk	Moderate risk	Low risk	Low risk	Low risk	Low risk	Low risk
MEGA (2006)[16]	Low risk	Moderate risk	High risk	Low risk	High risk	Low risk	Low risk
CORONA (2007)[17]	Low risk	Low risk	Low risk	Low risk	Low risk	Low risk	Low risk
GISSI-HF (2008)[18]	Low risk	Low risk	Low risk	Low risk	Low risk	Low risk	Low risk
JUPITER (2008)[19]	Moderate risk	Low risk	Low risk	Low risk	Low risk	Moderate risk	Low risk
ASTRONOMER (2010)[20]	Low risk	Low risk	Low risk	Moderate risk	Low risk	Low risk	Low risk
SEARCH (2010)[21]	Low risk	Low risk	Low risk	Low risk	Low risk	Low risk	Low risk
PCSK 9 inhibitors							
ODYSSEY OPTION I (2015)[22]	Moderate risk	Moderate risk	Low risk	Low risk	Low risk	Low risk	Low risk
ODYSSEY FH I (2015)[23]	Moderate risk	Moderate risk	Low risk	Low risk	Low risk	Low risk	Low risk
ODYSSEY FH II (2015)[23]	Moderate risk	Moderate risk	Low risk	Low risk	Low risk	Low risk	Low risk
ODYSSEY LONG TERM (2015)[24]	Low risk	Low risk	Low risk	Low risk	Low risk	Low risk	Low risk
OSLER (2015)[25]	Moderate risk	Moderate risk	Low risk	Low risk	Low risk	Low risk	Low risk
GLAGOV (2016)[26]	Moderate risk	Moderate risk	Low risk	Low risk	Low risk	Low risk	Low risk
ODYSSEY CHOICE I (2016)[27]	Low risk	Moderate risk	Low risk	Low risk	Low risk	Moderate risk	Low risk
ODYSSEY JAPAN (2016)[28]	Low risk	Moderate risk	Moderate risk	Low risk	Low risk	Low risk	Low risk
YUKAWA-2 (2016)[29]	Low risk	Moderate risk	Moderate risk	Low risk	Low risk	Low risk	Low risk
ODYSSEY OPTION II (2016)[30]	Low risk	Low risk	Low risk	Low risk	Low risk	Low risk	Low risk

FOURIER (2017)[31]	Low risk	Low risk	Low risk	Low risk	Low risk	Low risk	Low risk
ODYSSEY OUTCOMES (2018)[32]	Low risk	Low risk	Low risk	Low risk	Low risk	Moderate risk	Low risk

Table S3. Baseline characteristics of the entire study population for each trial.

Studies (Year)	N	Groups	Age (years)	Men (%)	Coronary heart disease (%)	Hypertension (%)	Smoking (%)
PMSGCRP (1993)[1]	1,062	Pravastatin 20 mg	55	77	32	47	28
		Placebo	55	76	36	48	30
4S (1994)[2]	4,444	Simvastatin 20-40 mg	58.6	82	100	26	24
		Placebo	58.6	81	100	26	27
WOSCOPS (1995)[3]	6,595	Pravastatin 40 mg	55.3	100	0.0	16	44
		Placebo	55.1	100	0.0	15	44
LIPID (1998)[4]	9,014	Pravastatin 40 mg	62	83	100	41	9
		Placebo	62	83	100	42	10
AFCAPS/TexCAPS (1998)[5]	6,605	Lovastatin 20-40 mg	58	85	0.0	22	13
		Placebo	58	85	0.0	22	12
GISSI PREV (2000)[6]	3, 460	Pravastatin 20 mg	59.3	86.3	–	36.5	11.8
		Usual care					
ALLHAT-LLT (2002)[7]	10,355	Pravastatin 40 mg	66.4	51.4	13.4	89.8	23.1
		Usual care	66.3	51.0	15.0	89.9	23.3
GREACE (2002)[8]	1,600	Atorvastatin 80 mg	58	78	100	42	NR

		Usual care	59	79	100	44	NR
PROSPER (2002)[9]	5,804	Pravastatin 40 mg	75.4	48.3	45.2	62.2	26.0
		Placebo	75.3	48.3	43.2	61.6	27.6
HPS (2003)[10]	20,536	Simvastatin 40 mg	87	86	87	—	—
		Placebo	23	18	22	—	—
ASCOT-LLA (2003)[11]	10,342	Atorvastatin 10 mg	63.1	81.1	0.0	—	33.2
		Placebo	63.2	81.3	0.0	—	32.2
A to Z (2004)[12]	4,497	Simvastatin 20mg	61	75	16	50	41
		Simvastatin 40/80 mg	61	76	18	50	41
PROVE IT (2004)[13]	4,162	Pravastatin 40 mg	58.3	78.4	100	49.2	37.1
		Atorvastatin 80 mg	58.1	77.8	100	51.3	36.4
IDEAL (2005)[14]	8,888	Simvastatin 20 mg	61.6	80.8	100	33.0	21.2
		Atorvastatin 80 mg	61.8	80.9	100	32.9	20.1
TNT (2005)[15]	10,001	Atorvastatin 80 mg	61.2	81.2	100	53.9	13.4
		Atorvastatin 10 mg	60.9	80.8	100	54.4	13.4
MEGA (2006)[16]	7,832	Pravastatin 10-20 mg	58.2	32	0.0	42	21
		Usual care	58.4	31	0.0	42	20

CORONA (2007)[17]	5,011	Rosuvastatin 10 mg	73	76	100	63	9
		Placebo	73	76	100	63	8
GISSI-HF (2008)[18]	4,631	Rosuvastatin 10 mg	68	76.2	31.8	55.1	14.1
		Placebo	68	78.6	33.8	53.5	14.0
JUPITER (2008)[19]	17,802	Rosuvastatin 20 mg	66	5474	0.0	—	—
		Placebo	66	5527	0.0	—	—
ASTRONOMER (2010)[20]	269	Rosuvastatin 40 mg	58.0	60.5	0.0	—	11.2
		Placebo	57.9	63.0	0.0	—	10.4
SEARCH (2010)[21]	12,064	Simvastatin 80 mg	64 (9)	83	100	42	30
		Simvastatin 20 mg					
ODYSSEY OPTIONS I (2015)[22]	355	Alirocumab 75/150 mg every 2 weeks	63.1	61.5	52.9	76.9	—
		Ezetimibe	62.8	66.5	57.8	78.9	—
ODYSSEY FH I (2015)[23]	486	Alirocumab 75 mg every 2 weeks	52.1	180	147	139	39
		Placebo	51.7	94	78	71	30
ODYSSEY FH II (2015)[23]	249	Alirocumab 75 mg every 2 weeks	53.2	86	58	57	36

		Placebo	53.2	45	31	24	13
ODYSSEY LONG TERM (2015)[24]	2,341	Alirocumab 150 mg every 2 weeks	60.4	983	1055	—	325
		Placebo	60.6	474	552	—	159
OSLER (2015)[25]	4,465	Evolocumab 140 mg every 2 weeks or 420 mg monthly	57.8	1490	589	1545	465
		Placebo	58.2	765	307	777	222
GLAGOV (2016)[26]	968	Evolocumab 420 mg monthly	59.8	349	484	398	124
		Placebo	59.8	350	484	405	113
ODYSSEY CHOICE I (2016)[27]	803	Alirocumab 300 mg monthly or 75 mg every 2 weeks	59.2	80	40	—	—
		Placebo	59.4	40	20	—	—
ODYSSEY JAPAN (2016)[28]	206	Alirocumab 150 mg every 2 weeks	60.3	84	18	—	—
		Placebo	61.8	47	8	—	—
YUKAWA-2 (2016)[29]	404	Evolocumab 140 mg every 2 weeks or 420 mg monthly	62.0	60	15	75	23
		Placebo	61.0	61	11	72	26

ODYSSEY OPTIONS II (2016)[30]	305	Alirocumab 75 mg every 2 weeks	59.9	57	53	74	—
		Usual care	61.3	63	60	72	—
FOURIER (2017)[31]	27,564	Evolocumab 140 mg every 2 weeks or 420 mg monthly	62.5	75.4	80.9	80.1	28.0
		Placebo	62.5	75.5	81.3	80.1	28.5
ODYSSEY OUTCOMES (2018)[32]	18,924	Alirocumab 75-150 mg every 2 weeks	58.5	74.7	100	65.6	24.1
		Placebo	58.6	74.9	100	63.9	24.1

Table S4. Analyses According to Fixed Effects Model.

Analysis	Studies	Patients	RR [95% CI]	P-interaction
Risk of Incident DM in Total Population				
More intensive lipid lowering therapy	33	163,688	1.07 [1.03, 1.11]	
Statins	21	124,755	1.10 [1.05, 1.15]	0.02
PCSK9 Inhibitors	12	38,933	1.00 [0.93, 1.07]	
Subgroup Analysis According to Weighted Between-Group Difference in LDL-C Achieved				
0.51 mmol/L	5	32,752	1.11 [1.03, 1.19]	
1.15 mmol/L	16	92,003	1.09 [1.03, 1.16]	0.08
1.58 mmol/L	12	38,933	1.00 [0.93, 1.07]	
Sensitivity Analysis According to Statins Subgroups				
High intensity statin versus low intensity statin	5	32,752	1.11 [1.03, 1.19]	0.72
Statin vs no statin	16	92,003	1.09 [1.03, 1.16]	
Trials with sample size of ≥ 500 patients which reported outcome at follow-up ≥ 1 year				
More intensive lipid lowering therapy	25	161,531	1.07 [1.03, 1.11]	
Statins	20	124,486	1.10 [1.05, 1.15]	0.03
PCSK9 Inhibitors	5	37,045	1.00 [0.93, 1.08]	

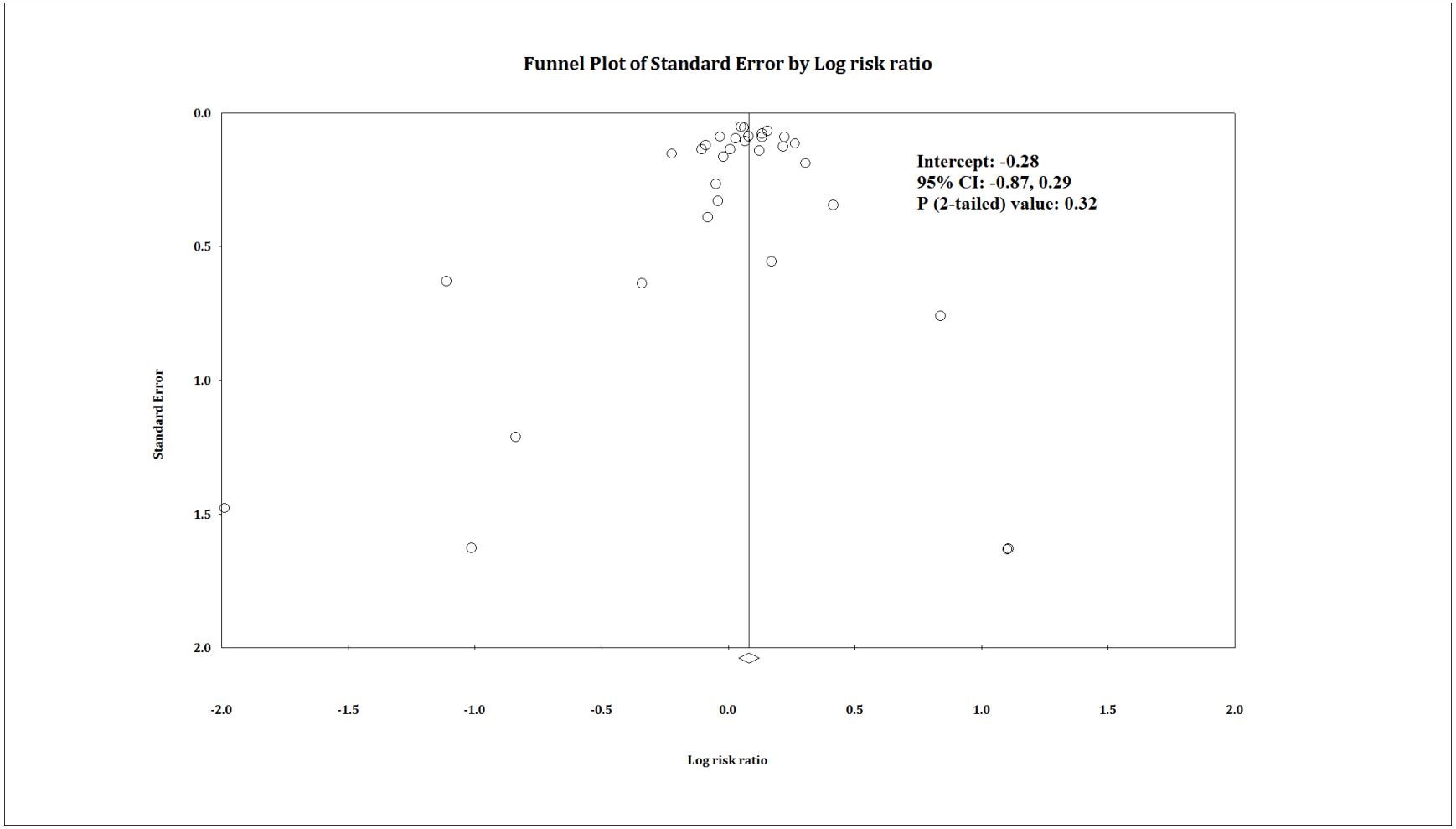
*P-interaction corresponds to statin and PCSK9 inhibitor subgroup interaction

Table S5. Sensitivity Analyses According to Year of Publication and Definition of Diabetes Mellitus.

			Risk Ratio [95% CI]			
	Studies	**Patients**	**More intensive lipid lowering therapy**	**Statin**	**PCSK9 Inhibitor**	***P interaction**
Cumulative Meta-Analysis Accounting for the Year of the Trial Publication						
Original meta-analysis	33	163,688	1.07 [1.03, 1.11]	1.10 [1.05, 1.15]	1.00 [0.93, 1.07]	0.02
4S and WOSCOPS excluded	31	153,472	1.08 [1.04, 1.12]	1.11 [1.06, 1.17]	1.00 [0.93, 1.07]	0.01
Year before 2000 excluded	28	139,202	1.08 [1.04, 1.13]	1.13 [1.07, 1.18]	1.00 [0.93, 1.07]	0.006
Year before 2010 excluded	14	49,999	1.02 [0.96, 1.08]	1.07 [0.96, 1.19]	1.00 [0.93, 1.07]	0.31
Meta-Analysis Stratified According to Definition of Diabetes Mellitus						
Two FBG levels ≥ 126 mg/dL	11	89,303	1.10 [1.04, 1.16]	1.11 [1.05, 1.18]	1.05 [0.95, 1.17]	0.37
Medication/Adverse events	14	45,625	1.07 [0.97, 1.18]	1.08 [0.98, 1.19]	0.96 [0.61, 1.51]	0.62
Adverse events only	8	28,760	1.00 [0.92, 1.08]	1.08 [0.95, 1.23]	0.95 [0.86, 1.05]	0.12

*P-interaction corresponds to statin and PCSK9 inhibitor subgroup interaction. FBG (Fasting Blood Glucose)

Figure S1. Funnel plot for publication bias assessment.



Supplemental References:

1. Effects of pravastatin in patients with serum total cholesterol levels from 5.2 to 7.8 mmol/liter (200 to 300 mg/dl) plus two additional atherosclerotic risk factors. The pravastatin multinational study group for cardiac risk patients. *The American journal of cardiology*. 1993;72:1031-1037
2. Randomised trial of cholesterol lowering in 4444 patients with coronary heart disease: The scandinavian simvastatin survival study (4s). *Lancet (London, England)*. 1994;344:1383-1389
3. Shepherd J, Cobbe SM, Ford I, Isles CG, Lorimer AR, MacFarlane PW, McKillop JH, Packard CJ. Prevention of coronary heart disease with pravastatin in men with hypercholesterolemia. West of scotland coronary prevention study group. *The New England journal of medicine*. 1995;333:1301-1307
4. Group TL-TIwPiIDS. Prevention of cardiovascular events and death with pravastatin in patients with coronary heart disease and a broad range of initial cholesterol levels. *New England Journal of Medicine*. 1998;339:1349-1357
5. Downs JR, Clearfield M, Weis S, Whitney E, Shapiro DR, Beere PA, Langendorfer A, Stein EA, Kruyer W, Gotto AM, Jr. Primary prevention of acute coronary events with lovastatin in men and women with average cholesterol levels: Results of afcaps/texcaps. Air force/texas coronary atherosclerosis prevention study. *Jama*. 1998;279:1615-1622
6. Results of the low-dose (20 mg) pravastatin gissi prevenzione trial in 4271 patients with recent myocardial infarction: Do stopped trials contribute to overall knowledge? Gissi prevenzione investigators (gruppo italiano per lo studio della sopravvivenza nell'infarto miocardico). *Italian heart journal : official journal of the Italian Federation of Cardiology*. 2000;1:810-820
7. Major outcomes in moderately hypercholesterolemic, hypertensive patients randomized to pravastatin vs usual care: The antihypertensive and lipid-lowering treatment to prevent heart attack trial (allhat-llt). *Jama*. 2002;288:2998-3007
8. Athyros VG, Papageorgiou AA, Mercouris BR, Athyrou VV, Symeonidis AN, Basayannis EO, Demitriadis DS, Kontopoulos AG. Treatment with atorvastatin to the national cholesterol educational program goal versus 'usual' care in secondary coronary heart disease prevention. The greek atorvastatin and coronary-heart-disease evaluation (greace) study. *Current medical research and opinion*. 2002;18:220-228
9. Shepherd J, Blauw GJ, Murphy MB, Bollen EL, Buckley BM, Cobbe SM, Ford I, Gaw A, Hyland M, Jukema JW, Kamper AM, Macfarlane PW, Meinders AE, Norrie J, Packard CJ, Perry IJ, Stott DJ, Sweeney BJ, Twomey C, Westendorp RG. Pravastatin in elderly individuals at risk of vascular disease (prosper): A randomised controlled trial. *Lancet (London, England)*. 2002;360:1623-1630
10. Collins R, Armitage J, Parish S, Sleigh P, Peto R. Mrc/bhf heart protection study of cholesterol-lowering with simvastatin in 5963 people with diabetes: A randomised placebo-controlled trial. *Lancet (London, England)*. 2003;361:2005-2016
11. Sever PS, Dahlof B, Poulter NR, Wedel H, Beevers G, Caulfield M, Collins R, Kjeldsen SE, Kristinsson A, McInnes GT, Mehlsen J, Nieminen M, O'Brien E, Ostergren J. Prevention of coronary and stroke events with atorvastatin in hypertensive patients who have average or lower-than-average cholesterol concentrations, in the anglo-scandinavian

cardiac outcomes trial--lipid lowering arm (ascot-lla): A multicentre randomised controlled trial. *Lancet (London, England)*. 2003;361:1149-1158
12. de Lemos JA, Blazing MA, Wiviott SD, Lewis EF, Fox KA, White HD, Rouleau JL, Pedersen TR, Gardner LH, Mukherjee R, Ramsey KE, Palmisano J, Bilheimer DW, Pfeffer MA, Califf RM, Braunwald E. Early intensive vs a delayed conservative simvastatin strategy in patients with acute coronary syndromes: Phase z of the a to z trial. *Jama*. 2004;292:1307-1316
13. Cannon CP, Braunwald E, McCabe CH, Rader DJ, Rouleau JL, Belder R, Joyal SV, Hill KA, Pfeffer MA, Skene AM. Intensive versus moderate lipid lowering with statins after acute coronary syndromes. *The New England journal of medicine*. 2004;350:1495-1504
14. Pedersen TR, Faergeman O, Kastelein JJ, Olsson AG, Tikkanen MJ, Holme I, Larsen ML, Bendiksen FS, Lindahl C, Szarek M, Tsai J. High-dose atorvastatin vs usual-dose simvastatin for secondary prevention after myocardial infarction: The ideal study: A randomized controlled trial. *Jama*. 2005;294:2437-2445
15. LaRosa JC, Grundy SM, Waters DD, Shear C, Barter P, Fruchart JC, Gotto AM, Greten H, Kastelein JJ, Shepherd J, Wenger NK. Intensive lipid lowering with atorvastatin in patients with stable coronary disease. *The New England journal of medicine*. 2005;352:1425-1435
16. Nakamura H, Arakawa K, Itakura H, Kitabatake A, Goto Y, Toyota T, Nakaya N, Nishimoto S, Muranaka M, Yamamoto A, Mizuno K, Ohashi Y. Primary prevention of cardiovascular disease with pravastatin in japan (mega study): A prospective randomised controlled trial. *Lancet (London, England)*. 2006;368:1155-1163
17. Kjekshus J, Apetrei E, Barrios V, Böhm M, Cleland JGF, Cornel JH, Dunselman P, Fonseca C, Goudev A, Grande P, Gullestad L, Hjalmarson Å, Hradec J, Jánosi A, Kamenský G, Komajda M, Korewicki J, Kuusi T, Mach F, Mareev V, McMurray JJV, Ranjith N, Schaufelberger M, Vanhaecke J, van Veldhuisen DJ, Waagstein F, Wedel H, Wikstrand J. Rosuvastatin in older patients with systolic heart failure. *New England Journal of Medicine*. 2007;357:2248-2261
18. Tavazzi L, Maggioni AP, Marchioli R, Barlera S, Franzosi MG, Latini R, Lucci D, Nicolosi GL, Porcu M, Tognoni G. Effect of rosuvastatin in patients with chronic heart failure (the gissi-hf trial): A randomised, double-blind, placebo-controlled trial. *Lancet (London, England)*. 2008;372:1231-1239
19. Ridker PM, Danielson E, Fonseca FA, Genest J, Gotto AM, Jr., Kastelein JJ, Koenig W, Libby P, Lorenzatti AJ, MacFadyen JG, Nordestgaard BG, Shepherd J, Willerson JT, Glynn RJ, Group JS. Rosuvastatin to prevent vascular events in men and women with elevated c-reactive protein. *The New England journal of medicine*. 2008;359:2195-2207
20. Chan KL, Teo K, Dumesnil JG, Ni A, Tam J. Effect of lipid lowering with rosuvastatin on progression of aortic stenosis: Results of the aortic stenosis progression observation: Measuring effects of rosuvastatin (astronomer) trial. *Circulation*. 2010;121:306-314
21. Armitage J, Bowman L, Wallendszus K, Bulbulia R, Rahimi K, Haynes R, Parish S, Peto R, Collins R. Intensive lowering of ldl cholesterol with 80 mg versus 20 mg simvastatin daily in 12,064 survivors of myocardial infarction: A double-blind randomised trial. *Lancet (London, England)*. 2010;376:1658-1669
22. Bays H, Gaudet D, Weiss R, Ruiz JL, Watts GF, Gouni-Berthold I, Robinson J, Zhao J, Hanotin C, Donahue S. Alirocumab as add-on to atorvastatin versus other lipid treatment

strategies: Odyssey options i randomized trial. *The Journal of clinical endocrinology and metabolism*. 2015;100:3140-3148
23. Kastelein JJ, Ginsberg HN, Langslet G, Hovingh GK, Ceska R, Dufour R, Blom D, Civeira F, Krempf M, Lorenzato C, Zhao J, Pordy R, Baccara-Dinet MT, Gipe DA, Geiger MJ, Farnier M. Odyssey fh i and fh ii: 78 week results with alirocumab treatment in 735 patients with heterozygous familial hypercholesterolaemia. *European heart journal*. 2015;36:2996-3003
24. Robinson JG, Farnier M, Krempf M, Bergeron J, Luc G, Averna M, Stroes ES, Langslet G, Raal FJ, El Shahawy M, Koren MJ, Lepor NE, Lorenzato C, Pordy R, Chaudhari U, Kastelein JJ. Efficacy and safety of alirocumab in reducing lipids and cardiovascular events. *The New England journal of medicine*. 2015;372:1489-1499
25. Sabatine MS, Giugliano RP, Wiviott SD, Raal FJ, Blom DJ, Robinson J, Ballantyne CM, Somaratne R, Legg J, Wasserman SM, Scott R, Koren MJ, Stein EA. Efficacy and safety of evolocumab in reducing lipids and cardiovascular events. *The New England journal of medicine*. 2015;372:1500-1509
26. Nicholls SJ, Puri R, Anderson T, Ballantyne CM, Cho L, Kastelein JJ, Koenig W, Somaratne R, Kassahun H, Yang J, Wasserman SM, Scott R, Ungi I, Podolec J, Ophuis AO, Cornel JH, Borgman M, Brennan DM, Nissen SE. Effect of evolocumab on progression of coronary disease in statin-treated patients: The glagov randomized clinical trial. *Jama*. 2016;316:2373-2384
27. Roth EM, Moriarty PM, Bergeron J, Langslet G, Manvelian G, Zhao J, Baccara-Dinet MT, Rader DJ. A phase iii randomized trial evaluating alirocumab 300 mg every 4 weeks as monotherapy or add-on to statin: Odyssey choice i. *Atherosclerosis*. 2016;254:254-262
28. Teramoto T, Kobayashi M, Tasaki H, Yagyu H, Higashikata T, Takagi Y, Uno K, Baccara-Dinet MT, Nohara A. Efficacy and safety of alirocumab in japanese patients with heterozygous familial hypercholesterolemia or at high cardiovascular risk with hypercholesterolemia not adequately controlled with statins- odyssey japan randomized controlled trial. *Circulation journal : official journal of the Japanese Circulation Society*. 2016;80:1980-1987
29. Kiyosue A, Honarpour N, Kurtz C, Xue A, Wasserman SM, Hirayama A. A phase 3 study of evolocumab (amg 145) in statin-treated japanese patients at high cardiovascular risk. *The American journal of cardiology*. 2016;117:40-47
30. Farnier M, Jones P, Severance R, Averna M, Steinhagen-Thiessen E, Colhoun HM, Du Y, Hanotin C, Donahue S. Efficacy and safety of adding alirocumab to rosuvastatin versus adding ezetimibe or doubling the rosuvastatin dose in high cardiovascular-risk patients: The odyssey options ii randomized trial. *Atherosclerosis*. 2016;244:138-146
31. Sabatine MS, Giugliano RP, Keech AC, Honarpour N, Wiviott SD, Murphy SA, Kuder JF, Wang H, Liu T, Wasserman SM, Sever PS, Pedersen TR. Evolocumab and clinical outcomes in patients with cardiovascular disease. *The New England journal of medicine*. 2017;376:1713-1722
32. Schwartz GG, Steg PG, Szarek M, Bhatt DL, Bittner VA, Diaz R, Edelberg JM, Goodman SG, Hanotin C, Harrington RA, Jukema JW, Lecorps G, Mahaffey KW, Moryusef A, Pordy R, Quintero K, Roe MT, Sasiela WJ, Tamby JF, Tricoci P, White HD, Zeiher AM. Alirocumab and cardiovascular outcomes after acute coronary syndrome. *The New England journal of medicine*. 2018;379:2097-2107