

Your dose of drug information between detailing sessions

Lipid-lowering medications

This table summarizes the cost, coverage and usual dosage of lipid-lowering drugs identified in the <u>2021 Canadian Cardiovascular Society</u> guidelines for the management of dyslipidemia for the prevention of cardiovascular disease in adults. Statins are fully or partially covered under the BC PharmaCare Reference Drug Program (per the <u>statin decision tree</u>). For details on PharmaCare Special Authority, see the <u>PharmaCare Special Authority website</u>.

Lipid-lowering medications ¹							
Generic & brand name, available strengths	Dosage considerations,* usual dosage range, maximum dose	Annual wholesale cost [†]	BC PharmaCare coverage				
STATINS							
atorvastatin LIPITOR, generics 10, 20, 40, 80 mg tablets	 10 to 40 mg PO once a day with or without food maximum: 80 mg/day contraindicated: active liver disease, unexplained transaminase elevations 	10 mg: \$70 20 mg: \$90 40, 80 mg: \$95	Regular benefit (reference drug)				
rosuvastatin CRESTOR, generics 5, 10, 20, 40 mg tablets	 5 to 40 mg PO once a day with or without food maximum: 40 mg/day contraindicated: active liver disease, unexplained transaminase elevations 	5, 10 mg: \$55 20 mg: \$70 40 mg: \$80	Regular benefit (reference drug)				
fluvastatin LESCOL, generics 20, 40 mg capsules brand-name discontinued	 20 to 40 mg PO once a day with or without food maximum: 80 mg/day (divided twice a day) contraindicated: active liver disease, unexplained transaminase elevations 	20 mg: \$275 40 mg: \$385	Partially covered [‡] (non-reference drug) Special Authority				
lovastatin MEVACOR, generics 20, 40 mg tablets brand-name discontinued	 20 to 80 mg PO once a day with evening meal maximum: 80 mg/day contraindicated: active liver disease, unexplained transaminase elevations, concomitant potent CYP3A4 inhibitors 	20 mg: \$430 40 mg: \$785	Partially covered [‡] (non-reference drug) <u>Special Authority</u>				
pravastatin PRAVACHOL, generics 10, 20, 40 mg tablets brand-name discontinued	 10 to 40 mg PO once a day with or without food maximum: 80 mg/day contraindicated: active liver disease, unexplained transaminase elevations 	10 mg: \$115 20 mg: \$140 40 mg: \$165	Partially covered [‡] (non-reference drug) Special Authority				
simvastatin ZOCOR, generics 5, 10, 20, 40, 80 mg tablets	 5 to 40 mg PO once a day with evening meal maximum: 40 mg/day (80 mg/day is no longer recommended) contraindicated: active liver disease, unexplained transaminase elevations, concomitant potent CYP3A4 inhibitors 	5 mg: \$45 10 mg: \$80 20, 40, 80 mg: \$100	Partially covered [‡] (non-reference drug) Special Authority				
EZETIMIBE							
ezetimibe EZETROL, generics 10 mg tablet	 10 mg PO once a day with or without food maximum: 10 mg/day 	10 mg: \$75	Limited coverage Special Authority Plan W regular benefit				
PO by mouth		1	I .				

PO by mouth

- * Dosage adjustments may be required in renal and/or hepatic insufficiency
- † Cost of generic (if available) without mark-up or professional fee rounded up to the nearest \$5; calculated from McKesson Canada https://www.mckesson.ca/ (accessed September 21, 2022)

[‡] Partially covered drugs may be eligible for full coverage by PharmaCare with approved Special Authority

 $^{{}^{1}\}underline{\text{Health Canada Drug Product Database}} \, {}^{2}\underline{\text{Reference Drug Program Statin Decision Tree}}$

Generic & brand name, available strengths	Dosage considerations,* usual dosage range, maximum dose		Annual wholesale cost [†]	BC PharmaCare coverage
PCSK9 INHIBITORS proprotein con	vertase su	btilisin/kexin type 9 inhibitors		
evolocumab REPATHA 140 mg in 1 mL prefilled pen 420 mg in 3.5 mL prefilled cartridge	 140 mg subcut every 2 weeks, or 420 mg subcut once a month maximum: 420 mg every 2 weeks for patients with Homozygous Familial Hypercholesterolemia after 12 weeks at usual dose without a clinically meaningful response 		140 mg q2w: \$7,360 420 mg monthly: \$7,360 420 mg q2w: \$15,950	Limited coverage Special Authority
alirocumab PRALUENT 75 mg in 1 mL prefilled pen 150 mg in 1 mL prefilled pen	300 n	g subcut once every 2 weeks, or ng subcut once every 4 weeks num: 150 mg subcut every 2 weeks	75 mg q2w: \$7,275 300 mg q4w: \$7,275 150 mg q2w: \$7,275	Non-benefit
OMEGA-3-FATTY ACID	·			
icosapent ethyl VASCEPA 1 gram capsule	_	ms PO twice a day with meals num: 4 grams/day	4 grams: \$3865	Non-benefit
RESINS bile acid sequestrants				
cholestyramine OLESTYR, generics light powder (sugar-free), regular powder (no generics): 4 grams/sachet	 4 grams PO one to six times a day mixed in water, non-carbonated beverage or highly liquid food, e.g., soup, apple sauce, yogurt and pudding. maximum: 24 grams/day 		Light (generic cost): 4 to 24 g: \$150 - \$875 Regular (brand cost): 4 to 24 g: \$620 - \$3,710	Regular benefit
colestipol COLESTID 1 gram tablet	 2 to 16 g PO once a day or in divided doses with meals maximum: 16 grams/day 		2 grams: \$285 16 grams: \$2,270	Regular benefit
FIBRATES				
fenofibrate LIPIDIL MICRO, generics	MICRO	200 mg PO once a day with main mealmaximum: 200 mg/day	67 mg: \$220 200 mg: \$110	
67, 200 mg capsule brand-name discontinued LIPIDIL SUPRA, generics	SUPRA	160 mg PO once a day with main mealmaximum: 200 mg/day	160 mg: \$400 200 mg: \$780	Regular benefit
100, 160 mg tablets LIPIDIL EZ, generics	EZ	145 mg PO once daily with or without foodmaximum: 145 mg/day	48 mg: \$145 145 mg: \$360	
48, 145 mg tablets	• contraindicated: hepatic impairment, CrCl < 30 ml/min			
gemfibrozil LOPID, generics 600 mg tablet brand-name discontinued	 600 mg PO twice a day 30 min before meals maximum: 1500 mg/day (divided twice a day) contraindicated: hepatic and renal impairment 		1200 mg: \$700 1500 mg: \$875	Regular benefit
bezafibrate BEZALIP, generic 400mg SR tablet	 400 mg SR PO once a day with or after meals contraindicated: SCr > 135 μmol/L, CrCl < 60 mL/min, dialysis 		400 mg SR: \$650	Non-benefit

subcut subcutaneously; q2w every 2 weeks; q4w every 4 weeks; PO by mouth; CrCl creatinine clearance; SCr serum creatinine

^{*} Dosage adjustments may be required in renal and/or hepatic insufficiency

[†] Cost of generic (if available) without mark-up or professional fee rounded up to the nearest \$5; calculated from McKesson Canada https://www.mckesson.ca/ (accessed September 21, 2022)

 $[\]ddagger \ \mathsf{Partially} \ \mathsf{covered} \ \mathsf{drugs} \ \mathsf{may} \ \mathsf{be} \ \mathsf{eligible} \ \mathsf{for} \ \mathsf{full} \ \mathsf{coverage} \ \mathsf{by} \ \mathsf{PharmaCare} \ \mathsf{with} \ \mathsf{approved} \ \mathsf{Special} \ \mathsf{Authority}$

¹ Health Canada Drug Product Database ² Reference Drug Program Statin Decision Tree