BC PharmaCare Drug Information

The drug below is being considered for coverage under the BC PharmaCare program. PharmaCare is a government-funded drug plan that helps B.C. residents with the cost of eligible prescription drugs and medical supplies. For more information about PharmaCare, visit the PharmaCare website.

PharmaCare reviews each drug for treating a specific illness or medical condition (also called an "indication"). If PharmaCare decides to cover a drug, that coverage applies only to the indication(s) specified. In some cases, PharmaCare covers a drug only for people who have not responded to other drugs that treat the same indication.

More information about the PharmaCare drug review process is provided on the last page of this document.

Drug information	
Generic name (scientific name)	**bempedoic acid**
Brand name	**Nilemdo™**
Manufacturer	HLS Therapeutics Inc.
Indication	Primary hyperlipidemia and cardiovascular disease
Has the drug been reviewed by CDA-AMC, or will CDA-AMC be reviewing it? (See note below.)	Yes For more information about the CDA-AMC Reimbursement Review (CRR) of bempedoic acid (Nilemdo), Search the CDA-AMC Reports.
Public input start date	**Wednesday, April 29, 2026**
Public input closing date	**Tuesday, May 26, 2026, at 11:59 pm**
How is the drug taken?	Bempedoic acid is taken orally (by the mouth).
How often is the drug taken?	Bempedoic acid is taken once daily.

General drug and/or drug study information	The Ministry of Health is reviewing bempedoic acid for the treatment of primary hyperlipidemia and for the reduction of the risk of cardiovascular (CV) events[a] in adults at increased risk. Hyperlipidemia is the medical term for high levels of lipids in the blood, including cholesterol and triglycerides. Lipids are fatty, waxy, or oily substances that are essential to many body functions. High levels of cholesterol, particularly low-density lipoprotein cholesterol (LDL-C), can cause atherosclerosis. Atherosclerosis is a buildup of fatty deposits in blood vessels leading to a restriction in blood flow. Atherosclerosis is a major cause of cardiovascular events, including heart attacks, strokes, and lower extremity and peripheral artery disease (PAD). The signs and symptoms of atherosclerosis are called atherosclerotic cardiovascular disease (ASCVD). Many forms of primary hyperlipidemia are inherited, such as heterozygous familial hypercholesterolemia (HeFH). Bempedoic acid lowers cholesterol by acting in the liver. It blocks an enzyme involved in making cholesterol, which reduces how much cholesterol the liver produces. It also increases the removal of LDL-C from the blood by increasing the number of LDL receptors on liver cells. Together, these effects may lower LDL-C levels in the bloodstream and help reduce damage to blood vessels and the risk of CV events. Studies looked at the following: • Percent change from baseline to week 12 in LDL-C • Percent change from baseline to week 24 in LDL-C • Percent change from baseline to week 12 in non-high-density lipoprotein (HDL)-C, total cholesterol (TC), apolipoprotein B, and high-sensitivity C-reactive protein (hsCRP) • Absolute change from baseline to weeks 12 and 24 in LDL-C • Time to first occurrence of the composite endpoint of 4-component major adverse cardiovascular event (MACE-4)[b] • Time to first occurrence of the composite end point of 3-component major adverse cardiovascular event (MACE-3)[b] • Fatal or nonfatal myocardial infarction (MI). A myocardial infarction is also known as a heart attack. • Coronary revascularization (A procedure to restore blood flow to narrowed or blocked heart arteries) • Fatal or nonfatal stroke • CV death

Drug information	
	• All-cause mortality • Time to first occurrence of composite of all-cause mortality, nonfatal MI, nonfatal stroke, or coronary revascularization • Time to first occurrence of the composite endpoint 5-component major adverse cardiovascular event (MACE-5)[b] • Non-fatal MI • Fatal MI • Nonfatal stroke • Fatal stroke • Fatal or nonfatal hemorrhagic stroke • Fatal or nonfatal nonhemorrhagic stroke • Hospitalization for unstable angina • New-onset diabetes mellitus (NODM) • Percent change from baseline to Month 6 in LDL-C, hsCRP • Absolute change from baseline to Month 12 in hemoglobin A1c (HbA1C) in patients with inadequately controlled diabetes • Bad reactions • Serious bad reactions • Patients leaving the trial due to bad reactions • Bad reactions of special interest, including gout, cholelithiasis (gall stones), and tendinopathy (painful tendon condition)
Other considerations	None

Note:
CDA-AMC (Canada's Drug Agency-L'Agence des Médicaments du Canada) is a national organization that reviews drugs on behalf of Canadian public sector plans when drug manufacturers want those plans to provide coverage for the drug. For detailed information about the PharmaCare drug review process, including the role of the CDA-AMC Reimbursement Review (CRR) in that process, visit How PharmaCare Decides Which Drugs to Cover.

[a] Cardiovascular events are defined as cardiovascular death, myocardial infarction, stroke, or coronary revascularisation.
[b] Major adverse cardiovascular events (MACE) are composite outcomes used to assess serious heart and blood vessel–related events. MACE-3 includes cardiovascular death, nonfatal myocardial infarction, or nonfatal stroke. MACE-4 includes these events plus coronary revascularisation. MACE-5 further expands this composite to include hospitalisation for unstable angina.

Table of Comparators Used to Treat the Same Indication		
Generic Name (Brand Name) of Drug Comparator	**Dosage Form**	**PharmaCare Status (if and how the drug is already covered)**
bempedoic acid (Nilemdo)	Tablet	Under Review
Cholesterol Absorption Inhibitor		
ezetimibe (Generics)	Tablet	Limited Coverage, Subject to LCA
Proprotein Convertase Subtilisin/Kexin Type 9 (PCSK9) Inhibitor		
evolocumab (Repatha)	Prefilled cartridge, Prefilled syringe	Limited Coverage
alirocumab (Praluent)	Prefilled pen	Non-Benefit
inclisiran (Leqvio)	Vial	Under Review

The Drug Review Process in B.C.

A manufacturer submits a request to the Ministry of Health (Ministry).

An independent national organization called Canada's Drug Agency (CDA-AMC) provides evidence-based recommendations to public drug plans across Canada through its reimbursement review process.

As part of the CDA-AMC's Clinical Reimbursement Review process, the Canadian Drug Expert Committee (CDEC) makes reimbursement recommendations for non-oncology pharmaceuticals to the participating federal, provincial, and territorial publicly funded drug plans. In developing its recommendations, the CDEC considers:

- whether the drug is safe and effective
- what the drug costs and whether it is a good value to the citizens of B.C.
- ethical considerations related to covering or not covering the drug
- input from physicians, patients, caregivers, patient groups and drug submission sponsors

The Ministry makes a BC PharmaCare coverage decision by considering:

- existing BC PharmaCare policies, programs and resources
- the evidence-informed advice of the CDA-AMC
- the recommendations and reimbursement conditions of the CDEC
- if a Ministry Initiated review, the advice of an independent expert group called the Drug Benefit Council (DBC)
- BC-specific patient input collected through the Your Voice website
- drugs already covered by BC PharmaCare that treat similar medical conditions
- the overall cost of covering the drug

Visit BC PharmaCare and Drug reviews for more information.

This document provides information only.
It does not take the place of advice from a physician or other qualified health care provider.