FH Canada Patient Network
Réseau canadien de patients HF

The Honourable Terry Lake
Ministry of Health
PO BOX 9639 STN PROV GOVT
Victoria BC, V8W 9P1

Dear Minister,

I am writing to you on behalf of the FH Canada Patient Network (FHCPN) to urge your immediate attention to correcting a puzzling anomaly that is affecting the well-being and lives of patients with primary and familial high cholesterol. This issue came to our attention when the FHCPN, as the only patient driven organization for familial hypercholesterolemia in Canada, was preparing our submission to the Common Drug Review commenting on two new therapies (PCSK9).

Our survey to FH patient community confirmed what is well known: for the majority of patient with high cholesterol, familial and nonf-familial, statins work very well in managing LDL cholesterol (LDL-C, the harmful or "bad" cholesterol) to levels that protect against heart disease and strokes. For those who were more resistant, the addition of or change to ezetimibe was effective in achieving target LDL-C levels. The anomaly in our findings was that respondents from Quebec and British Columbia were more likely to report that their LDL-C was not effectively managed despite their current drug therapies. Quebec we understood because of the high prevalence of Familial Hypercholesterolemia in those with French heritage. British Columbia we did not understand until physicians enlightened us to the fact that ezetimibe (Ezetrol) was not on the BC formulary. In contrast to other provinces, Ezebrol can only be accessed through the public drug plan through a special authorization process. Not only is the process cumbersome but the drug is often denied, which reduces motivation to prescribe but more, importantly, reduces access by patients who are in need.

In April 2016, at our FH patient forum in Vancouver, physicians also spoke to global evidence which showed that by "lowering LDL-C further, ezetimibe significantly reduces major cardiovascular events including heart attack, stroke and cardiovascular death when added to a statin in individuals at high risk for cardiovascular disease." According to treatment guidelines, ezetimibe is indicated for patients with very high cholesterol (often due to genetic and not lifestyle factors) for whom the highest dosages of statin therapy are insufficient, as well as those (up to 20%) of people who get intolerable side effects from statins, so they can take no statins or not a high enough dosage to lower cholesterol to safe levels.

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Paradoxically, because Ezetrol is not listed on the BC formulary, there is no requirement that the generic form of ezetimibe be provided at 25% or the brand price, which would actually result in a significant cost savings. By not listing Ezetrol, BC is forcing physicians to expend time and effort on unnecessary bureaucratic process, keeping the price of ezetimibe therapy higher than necessary, and, most importanty, reducing access to life-enhancing and life-saving therapy for many BC patients.

We urge you to correct this deficiency in the BC drug plan as soon as possible. As the only patient-driven organization dedicated to high cholesterol and high lipids, we would be most pleased to work with you on this and other issues to improve the cost-effectiveness of the healthcare system and the lives of all.

Sincerely,

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cc: Barbara Walman, ADM Pharmaceutical Services Division
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