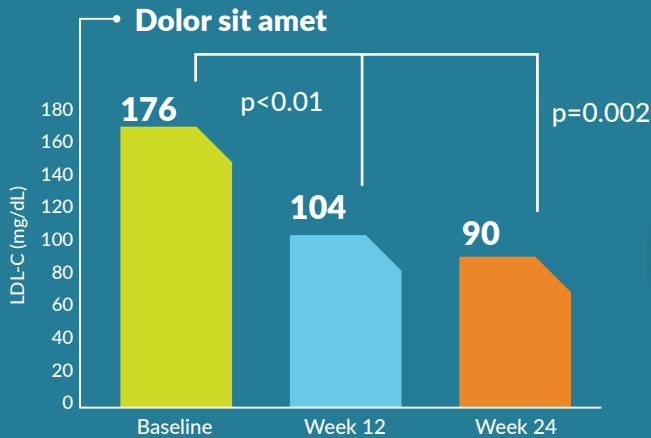




The first and  
only statin approved  
for the treatment of  
hypercholesterolaemia  
in teenagers with familial  
hypercholesterolaemia<sup>1</sup>

Clinically proven efficacy and  
safety in paediatric patients<sup>2</sup>

## Reduction in LDL-C<sup>2</sup>



**49%**  
Reduction in LDL-C  
at week 24 compared  
to baseline.

**CholeCap** significantly reduces elevated total cholesterol, LDL-C and apo B levels in boys and postmenarchal girls, 10 to 17 years of age, with heterozygous familial hypercholesterolaemia.<sup>1</sup>

**CholeCap** is clinically proven to reduce the risk of heart attack, stroke, certain kinds of heart surgeries, and chest pain. Welcome to a brighter future for your patients.



CHOLECAP® (veevastatin calcium) tablets are not for everyone, including anyone who has previously had an allergic reaction to CHOLECAP. It is not for those with liver problems. And it is not for women who are nursing, pregnant, or may become pregnant. If you take CHOLECAP® (veevastatin calcium) tablets, tell your doctor if you feel any new muscle pain or weakness. This could be a sign of rare but serious muscle side effects. Tell your doctor about all your medical conditions and all medications you take. This may help avoid serious drug interactions. Your doctor should do blood tests to check your liver function before starting CHOLECAP and during your treatment if you have symptoms of liver problems. Tell your doctor if you have diabetes. Elevated blood sugar levels have been reported with statins, including CHOLECAP.

Common side effects are diarrhea, upset stomach, muscle and joint pain, and changes in some blood tests. Patients should always ask their doctors for medical advice about adverse events.

### References:

1. Calhoun D, Trimarco T, Meek R, Locasto D. IASPPGuidelines\_FullReport\_2. November 2011; 36(11):32-48. Available from: CINAHL Plus with Full Text, Ipswich, MA. Accessed February 2, 2012.
2. Pooja BA et al. Role of CholeCap (veevastatin) in Dyslipidemia: A Clinical Study. Cardiology. 2017(3):348-356.