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)	**depemokimab**
Brand name	**Exdensur®**
Manufacturer	GlaxoSmithKline Inc.
Indication	As an add-on maintenance treatment in adults and adolescents 12 years and older with severe asthma characterized by an eosinophilic phenotype and inadequately controlled by medium-to high-dose inhaled corticosteroids (ICS) plus another asthma controller.
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 depemokimab (Exdensur), Search the CDA-AMC Reports.
Public input start date	**Wednesday, August 26, 2026**
Public input closing date	**Tuesday, September 22, 2026, at 11:59 pm**
How is the drug taken?	Depemokimab is given by subcutaneous (under the skin) injection.
How often is the drug taken?	Depemokimab is injected once every 6 months.

Drug information	
General drug and/or drug study information	The Ministry of Health is reviewing depemokimab as an add-on maintenance treatment in adults and adolescents 12 years and older with severe asthma characterized by an eosinophilic phenotype and inadequately controlled by medium-to high-dose inhaled corticosteroids (ICS) plus another asthma controller. Severe asthma characterized by an eosinophilic phenotype is a type of asthma in which high levels of eosinophils, a type of white blood cell involved in inflammation, cause ongoing swelling in the airways. People with this condition often continue to have asthma symptoms and attacks despite treatment with standard asthma medications. Depemokimab works by blocking interleukin-5 (IL-5), a protein that helps eosinophils grow and survive. By reducing eosinophil levels, depemokimab may help to decrease inflammation in the airways, and reduce asthma symptoms and asthma attacks in people with eosinophilic asthma. Studies looked at the following: • Annualized[a] rate of clinically significant asthma exacerbations over 52 weeks • Annualized[a] rate of asthma exacerbations requiring hospitalization and/or emergency department (ED) visits over 52 weeks • Health-related quality of life (HRQoL), as measured by changes from baseline in St. George's Respiratory Questionnaire (SGRQ)[b] total scores at week 52 • Health-related quality of life as measured by changes from baseline in the 5-item Asthma Control Questionnaire (ACQ-5)[c] scores at week 52 • Changes from baseline in pre-bronchodilator forced expiratory volume in 1 second (FEV_1)[d] • Bad reactions • Serious bad reactions • Patients leaving the trial due to bad reactions • Bad reactions of special interest: Allergic (type I hypersensitivity) reactions, anaphylaxis, type III hypersensitivity/vasculitis (an immune reaction that causes inflammation of blood vessels), other systemic reactions, local injection site reactions.
Other considerations	None

[a] Annualized rate means the average number of events expected per person over one year.

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.

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)**
depemokimab (Exdensur)	Pre-filled pen or syringe for subcutaneous (SC) injection	Under Review
Biologics		
benralizumab (Fasenra)	Pre-filled autoinjector for SC injection Pre-filled syringe for SC injection	Limited Coverage for adult patients
dupilumab (Dupixent)	Pre-filled syringe for SC injection	Limited Coverage for patients 6 years and older
mepolizumab (Nucala)	Pre-filled syringe for SC injection Pre-filled autoinjector for SC injection	Limited Coverage for adult patients
omalizumab (Omlyclo)	Pre-filled syringe for SC injection	Non-benefit for eosinophilic asthma Limited Coverage for severe allergic asthma (12 and older), chronic idiopathic urticaria (12 and older), and chronic rhinosinusitis with nasal polyps (adults)

[b] The St. George's Respiratory Questionnaire (SGRQ) is a questionnaire used to measure how much a breathing condition affects a person's symptoms, daily activities, and quality of life. Scores range from 0 to 100, with higher scores meaning worse health-related quality of life.
[c] The Asthma Control Questionnaire-5 (ACQ-5) is a short questionnaire that measures how well a person's asthma symptoms are controlled. Scores range from 0 to 6, with higher scores meaning worse asthma control.
[d] Forced expiratory volume in 1 second (FEV_1) is the amount of air a person can forcefully breathe out in the first second after taking a deep breath. It is used to measure how well the lungs are working.

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)**
tezepelumab (Tezspire)	Pre-filled syringe or pen for SC injection	Non-benefit for eosinophilic asthma Limited Coverage for severe asthma in patients 12 and older

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.