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 with intranasal corticosteroids in adults with severe chronic rhinosinusitis with nasal polyps (CRSwNP) inadequately controlled by systemic corticosteroids and/or surgery.
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 given?	Depemokimab is injected once every six months.

Drug information	
General drug and/or drug study information	Depemokimab is being reviewed by PharmaCare as an add on maintenance therapy in adult patients with severe CRSwNP inadequately controlled by systemic corticosteroids and/or surgery. Chronic rhinosinusitis is inflammation of the nasal passages which persists for at least 12 weeks. It can occur with or without nasal polyps. Nasal polyps are painless, noncancerous growths in the lining of the nasal passages and sinuses. Symptoms of chronic rhinosinusitis with nasal polyps can include a stuffy or runny nose, loss or decreased sense of smell, facial pressure or pain, postnasal drip, pain in your upper teeth, snoring, and headaches. Depemokimab works by blocking a protein in the immune system called interleukin-5 (IL-5), which plays a key role in the production and survival of eosinophils, a type of white blood cell that can drive inflammation in chronic rhinosinusitis with nasal polyps. By reducing eosinophils and the inflammation they cause, depemokimab may help shrink nasal polyps and improve symptoms. Studies looked at the following: • Changes from baseline in total nasal polyps scores (NPS) at week 52 • Changes from baseline in average nasal obstruction scores using verbal response scale (VRS)[a] over weeks 49 to 52 • Change from baseline in average symptom scores for loss of smell using VRS[a] over weeks 49 to 52 • Health-related quality of life (HRQoL) as measured by changes from baseline in SinoNasal Outcome Test-22 (SNOT-22)[b] total scores at week 52 • Requiring systemic corticosteroids or disease modulating medication or nasal surgery up to week 52 • Bad reactions • Serious bad reactions • Patients leaving the trial due to bad reactions • Bad reactions of special interest: Type III hypersensitivity/vasculitis (an immune reaction that causes inflammation of blood vessels), local injection site reactions, other systemic reactions

[a] Verbal Response Scale (VRS): A patient-reported scale used to rate symptom severity, ranging from 0 (no symptoms) to 3 (severe symptoms), with lower scores indicating less severe symptoms.

Drug information	
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.

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 syringe or autoinjector	Under Review
Biologics		
dupilumab (Dupixent)	Pre-filled syringe	Under Review for CRSwNP Limited Coverage for severe eosinophilic asthma
mepolizumab (Nucala)	Pre-filled syringe or autoinjector	Non-Benefit for CRSwNP Limited Coverage for severe eosinophilic asthma
tezepelumab (Tezspire)	Pre-filled syringe or pen	Under Review for CRSwNP Limited Coverage for severe asthma
omalizumab (Omlyclo)	Pre-filled syringe or pen	Limited Coverage
Standard of Care		
mometasone furoate nasal spray (Generic)	Multi-use spray bottle	Non-Benefit for CRwNP Limited Coverage for allergic rhinitis

[b] SNOT-22: A 22-question patient survey used to assess the severity of nasal and sinus symptoms and their impact on daily life. Higher scores indicate worse symptoms.

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)**
budesonide nasal spray (Generic)	Multi-use spray bottle	Regular Benefit, Subject to LCA
fluticasone propionate nasal spray (Generic)	Multi-use spray bottle	Plan W coverage only
ciclesonide nasal spray (Omnaris)	Multi-use spray bottle	Non-benefit

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.