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)	**inebilizumab**
Brand name	**Uplizna®**
Manufacturer	Amgen Canada Inc.
Indication	As an add-on to standard therapy for the treatment of generalized myasthenia gravis (gMG) in adult patients who are anti-acetylcholine receptor (AChR) or anti-muscle specific tyrosine kinase (MuSK) antibody positive.
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 inebilizumab (Uplizna), Search the CDA-AMC Reports.
Public input start date	Wednesday, **June 24,** 2026
Public input closing date	Tuesday, **July 21,** 2026, **at 11:59 pm**
How is the drug taken?	Inebilizumab is given as a drip into a vein (intravenous [IV] infusion).
How often is the drug taken?	The initial dose is taken once a week, then two weeks later, then every six months thereafter.

Drug information	

General drug and/or drug study information	Inebilizumab is used to treat gMG in adult patients who are AChR or MuSK antibody positive. Myasthenia gravis is a rare chronic autoimmune condition characterized by weakness and fatigue of skeletal muscles (muscles involved with moving parts of the body and breathing). In patients with anti-AChR antibody-positive gMG, the body's own immune system turns on itself and attacks its AChRs, which are receptors used by nerve cells to control the muscles.
	
	gMG is characterized by weakness and fatigue of skeletal muscles (muscles involved with moving parts of the body and breathing). Patients with gMG may experience impaired mobility, speaking, swallowing, and vision, shortness of breath, pulmonary failure, and fatigue. Their muscle weakness fluctuates through the day, worsening over periods of activity, and improving with rest.
	
	Inebilizumab is a monoclonal antibody that targets CD19, a protein found on the surface of B cells. By binding to CD19, it leads to the depletion of these cells, which helps reduce abnormal immune activity and prevents the immune system from attacking the body's own cells.
	
	Studies looked at the following:
	• Disease severity, measured by:
	  ○ Myasthenia Gravis Activities of Daily Living (MG-ADL)
	  ○ Quantitative Myasthenia Gravis (QMG) scale
	  ○ Myasthenia Gravis Composite (MGC) Total Scores
	  ○ Patient Global Impression of Change (PGIC)
	  ○ Time to first myasthenia gravis exacerbation
	  ○ Proportion of patients achieving minimal symptom expression (MSE)
	  ○ Proportion of patients with steroid tapered to ≤5 mg/day
	  ○ Proportion of patients in whom steroid dose was reduced ≥50% from baseline
	• Health-Related Quality of Life (HRQoL) and fatigue, measured by Revised 15-Component Myasthenia Gravis Quality of Life (MG-QoL 15r) Total Score
	• Bad reactions
	• Serious bad reactions
	• Patients leaving the trial due to bad reactions

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)**
inebilizumab (Uplizna®)	Vial for IV infusion	Under Review
FcRn inhibitors		
efgartigimod alfa (Vyvgart®)	Vial for IV infusion	Non-Benefit
nipocalimab (Imaavy®)	Vial for IV infusion	Under Review
rozanolixizumab (Rystiggo®)	Vial for subcutaneous (SC) injection	Limited Coverage Benefit for gMG
C5 complement inhibitors		
eculizumab (Soliris®)	Vial for IV infusion	Non-Benefit for gMG
ravulizumab (Ultomiris®)	Vial for IV infusion	Non-Benefit
zilucoplan (Zilbrysq™)	Pre-filled syringe for SC injection	Limited Coverage Benefit for gMG
Other Biologics		
rituximab (biosimilars)	Vial for IV infusion	Limited Coverage Benefit for gMG
Glucocorticoids		
prednisone (Winpred, generics)	Tablet	Regular Benefit, subject to LCA
Immunosuppressive agents		
azathioprine (generics)	Tablet	Regular Benefit, subject to LCA
cyclophosphamide (Procytox, generics)	Tablet	Regular Benefit
	Vial for IV injection	Non-Benefit

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)**
cyclosporine (generics)	Capsule	Non-Benefit for gMG Limited Coverage for rheumatoid arthritis (RA), ocular inflammatory disease, psoriasis, and nephrotic syndrome
methotrexate (generic, Metoject SC)	Vial for injection	Regular Benefit, subject to LCA
	Pre-filled syringe for SC injection	Non-Benefit for gMG Limited Coverage for rheumatoid arthritis (RA)
mycophenolate mofetil (generics)	Capsule, Tablet	Regular Benefit, subject to LCA
mycophenolate Sodium (generics)	Enteric Tablet	Non-Benefit
tacrolimus (generics)	Capsule	Non-Benefit
Cholinesterase inhibitors		
pyridostigmine (Mestinon, generics)	Tablet	Regular Benefit, subject to LCA
	Sustained release tablet	Regular Benefit
Blood products		
Intravenous Immunoglobulin		Canadian Blood Services
Plasma Exchange		Canadian Blood Services

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.