

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)	palopegteriparatide
Brand name	TBC (to be confirmed)
Manufacturer	Pendopharm, division of Pharmascience Inc.
Indication	For the treatment of chronic hypoparathyroidism (hypoPT) in adults who are not adequately controlled with conventional therapy.
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 palopegteriparatide, Search the CDA-AMC Reports .
Public input start date	Wednesday, December 31, 2025
Public input closing date	Tuesday, January 27, 2026, at 11:59 pm
How is the drug taken?	Palopegteriparatide is given by subcutaneous (under the skin) injection.
How often is the drug injected?	Palopegteriparatide is injected once daily.

General drug and/or drug study information

The Ministry of Health is reviewing palopegteriparatide for the treatment of chronic hypoparathyroidism in adults who are not adequately controlled with conventional therapy. Palopegteriparatide is a parathyroid hormone (PTH) replacement therapy. It is currently under review at Health Canada.

Hypoparathyroidism is a condition characterized by insufficient levels of parathyroid hormone, which is needed to keep calcium and phosphorus levels balanced in the blood. It leads to low calcium and high levels of phosphate in the blood. This can cause muscle cramps, tingling/numbness in the fingers, toes, and around the mouth, and fatigue. It may also lead to cognitive symptoms such as difficulty concentrating, memory problems, and mental fog. In severe cases, seizures or heart rhythm problems can occur. Treatment usually involves taking calcium and active vitamin D supplements to restore balance and prevent complications.

Palopegteriparatide works by providing a steady supply of parathyroid hormone to the body. It is designed to release the hormone gradually over the day, mimicking the natural effect of parathyroid hormone that is missing in this condition.

Studies looked at the following:

- Proportion of patients with the primary composite end point criteria at week 26. (A composite end point is a single measure in a study that combines several related outcomes into one combined result.)^a
- Changes from baseline in the following Hypoparathyroidism Patient Experience Scale (HPES)^b domain scores at week 26:
 - Symptoms
 - Physical
 - Cognitive
 - Impacts
 - Physical functioning
 - Daily life
- Changes from baseline in the following outcome measures at week 26:
 - Bone mineral density (BMD) and trabecular bone score (TBS) as measured by Dual-energy X-ray Absorptiometry (DXA)^c

Drug information	
	<ul style="list-style-type: none"> ○ Bone turnover markers^d: serum Procollagen Type 1 N-Terminal Propeptide (P1NP) and C-Terminal Telopeptide Collagen (Ctx) ● Proportion of patients with normal 24-hour urine calcium excretion (less than or equal to 250 mg/ 24 hour) or at least a 50% reduction from baseline at week 26 ● Bad reactions ● Serious bad reactions ● Patients leaving the trial due to bad reactions ● Bad reactions of special interest: Frequency of hypercalcemia (high calcium) and hypocalcemia (low calcium)
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)
palopegteriparatide (TBC)	Pre-filled pen for subcutaneous injection	Under Review
Comparators		
calcitriol (Rocaltrol®, generics)	Capsule	Regular Benefit, Subject to LCA
alfacalcidol (One-Alpha®, generics)	Capsule	Regular Benefit, Subject to LCA
calcium carbonate (generic)	Tablet	Coverage provided under Plan W
hydrochlorothiazide (generics)	Tablet	Regular Benefit, Subject to LCA

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)
teriparatide (Forteo®, generics)	Pre-filled pen for subcutaneous injection	Non-benefit ^e

The Drug Review Process in B.C.

A manufacturer submits a request to the Ministry of Health (Ministry).

An independent group called the [Drug Benefit Council \(DBC\)](#) gives advice to the Ministry. The DBC looks at:

- whether the drug is safe and effective
- advice from a national group called [Canada's Drug Agency-L'Agence des médicaments du Canada \(CDA-AMC\)](#)
- 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 PharmaCare coverage decisions by taking into account:

- existing PharmaCare policies, programs and resources
- the evidence-informed advice of the DBC
- the drugs already covered by PharmaCare to treat similar medical conditions
- the overall cost of covering the drug

For more information about the drug review process in B.C., visit: the [How PharmaCare decides which drugs to cover](#).

This document provides information only.

It does not take the place of advice from a physician or other qualified health care provider.

^a The primary composite end point of this study was the proportion of patients meeting **all** of the following criteria at week 26: Normal levels of calcium in the blood (normocalcemia); and independence from active vitamin D (calcitriol) or synthetic vitamin D (alfacalcidol), and independence from therapeutic doses of calcium; and without an increase in prescribed study drug within 4 weeks.

^b The Hypoparathyroidism Patient Experience Scale (HPES) is a short questionnaire that helps patients report their symptoms and how the condition affects daily life, including physical, emotional, and social aspects. A decrease in the score indicates improvement.

^c Bone mineral density (BMD) and trabecular bone score (TBS) are two measurements from a DXA scan, which is a low-dose X-ray test used to check bone health. BMD shows how much mineral is in your bones, indicating their strength. TBS looks at the pattern of the bone in your spine to estimate how well the inner, lattice-like structure is built.

^d Bone turnover markers are blood tests that show how quickly your bones are being built and broken down. In adults, bone is constantly being remodeled. P1NP (Procollagen Type 1 N-Terminal Propeptide) indicates bone formation, and CTX (C-Terminal Telopeptide of Type 1 Collagen) indicates bone breakdown.

^e Not approved by Health Canada for the treatment of hypoparathyroidism. Teriparatide has been reviewed by the Ministry of Health for the treatment of osteoporosis and is a PharmaCare non-benefit for this indication.