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)	**pegzilarginase**
Brand name	**TBC**
Manufacturer	Immedica Pharma AB
Indication	For the treatment of arginase 1 deficiency (ARG1-D), also known as hyperargininemia, in adults, adolescents and children aged 2 years and older.
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 pegzilarginase (TBC), Search the CDA-AMC Reports.
Public input start date	Wednesday, **May 27**, 2026
Public input closing date	Tuesday, **June 23**, 2026, **at 11:59 pm**
How is the drug taken?	Pegzilarginase is taken as an intravenous (IV) infusion (as a drip into a vein). After eight weeks of treatment, patients can be considered to take pegzilarginase as a subcutaneous (SC) (under the skin) injection using a needle placed under the skin, usually in the stomach, thighs, hips, or upper arm. It must be given slowly, so the needle will have to stay in place using an infusion pump for at least 30 minutes.

Drug information	
How often is the drug taken?	Pegzilarginase is taken once a week.

General drug and/or drug study information	ARG1-D is a rare, inherited metabolic disorder. People with ARG1-D are missing an enzyme that breaks down a component of protein called arginine. This causes arginine to build up in the blood over time, harming the nervous system. ARG1-D is a lifelong disorder that gets worse over time, manifesting as mobility impairment, development delay, seizures, and cognitive dysfunction. The current management of ARG1-D involves best supportive case, such as protein-restricted diets and other treatments that keep arginine levels under control.
	Pegzilarginase works by converting arginine to ornithine, which reduces the build up of arginine over time.
	Studies looked at the following:
	• Plasma arginine and ornithine levels
	• Neurological, neuromotor and neurocognitive function, as measured by:
	  ○ 2-Minute Walk Test (2MWT)
	  ○ Gross Motor Function Measures
	• Adaptive behaviour as measured by:
	  ○ Vineland Adaptive Behaviour Scales
	• Health-related quality of life, as measured by:
	  ○ Pediatric Quality of Life Inventory
	• Bad reactions
	• Serious bad reactions
	• Patients leaving the trial due to bad reactions
	• Bad reactions of special interest, including hypersensitivity reactions, hyperammonemic episodes and injection site 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)**
Pegzilarginase (TBC)	Vial for SC injection or IV infusion	Under Review

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.