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)	**tirzepatide**
Brand name	**Zepbound®**
Manufacturer	Eli Lilly Canada Inc.
Indication	For chronic weight management, including weight loss and weight maintenance, as an adjunct to a reduced-calorie diet and increased physical activity, in adults with an initial body mass index (BMI) of equal to or greater than 27 kg/m^2 and prediabetes.
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 tirzepatide (Zepbound), 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?	Zepbound is given by subcutaneous (under the skin) injection.
How often is the drug taken?	Zepbound is injected once weekly.

General drug and/or drug study information	Zepbound is being reviewed by the Ministry of Health for chronic weight management, including weight loss and weight maintenance, as an adjunct to a reduced-calorie diet and increased physical activity, in adults with an initial body mass index (BMI) of equal to or greater than 27 kg/m^2 and prediabetes. Prediabetes is a condition in which blood sugar levels are higher than normal but not high enough to be diagnosed as diabetes. It indicates an increased risk of developing type 2 diabetes. Weight management is the process of adopting long-term lifestyle changes to maintain a healthy body weight. Tirzepatide acts on two receptors in the body, glucose-dependent insulinotropic polypeptide (GIP) and glucagon-like peptide-1 (GLP-1), to increase feelings of fullness and reduce hunger. This leads to decreased appetite and lower calorie intake. Tirzepatide also reduces cravings for high-sugar and high-fat foods by reducing food-reward signalling in the brain. Studies looked at the following: • Percent change in body weight from baseline to weeks 72 and 176 • Time to onset of type 2 diabetes from baseline to weeks 176 and 193 • Percentage of participants achieving a 5 %, 10%, 15%, and 20% body weight reduction from baseline to week 72 • Change in waist circumference from baseline to week 72 • Change in systolic blood pressure from baseline to week 72 • Changes in blood fat levels, including triglycerides, non-high-density lipoprotein cholesterol (non-HDL-c), and HDL-c, from baseline to week 72 • Health-related quality of life (HRQoL) as measured by changes in Medical Outcomes Study 36-Item Short Form Version 2 (SF-36v2)[a] acute form - Physical Functioning domain scores from baseline to weeks 72 and 176 • HRQoL as measured by changes in SF-36v2[a] acute form component summary and domain scores from baseline to week 72 • Changes in Impact of Weight on Quality of Life-Lite Clinical Trials Version (IWQOL-Lite-CT)[b] – Physical Function composite scores from baseline to week 72

Drug information	
	• Change in IWQOL-Lite-CT –Total score, Physical composite score, and Psychosocial composite score from baseline to week 72 • Mean percent change in hemoglobin A1c (HbA1c)[c] from baseline to week 72 • Mean change in fasting serum glucose (FSG) form baseline to week 72 • Serious bad reactions • Patients leaving the trial due to bad reactions • Bad reactions of special interest such as severe hypoglycemia, major adverse cardiovascular events, supraventricular arrhythmias and cardiac conduction disorders, hepatobiliary (liver and gallbladder) disorders, severe gastrointestinal events, kidney (renal) disorders, major depressive disorder/suicidal behavior and ideation, pancreatic event, C-cell hyperplasia and thyroid malignancies (thyroid cancer), and allergic/hypersensitivity 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)**
tirzepatide (Zepbound)	Prefilled pen	Under Review
Comparators Approved for Weight Management in Canada		

[a] The SF-36v2 is a 36-question survey that helps doctors and researchers understand how a patient's health affects their daily life and well-being. It covers eight areas, ranging from physical abilities to mental health, and is used to measure the success of treatments in clinical trials and regular medical care.
[b] IWQOL-Lite-CT is a patient questionnaire used in clinical trials to assess how changes in body weight affect physical functioning and quality of life.
[c] The HbA1c test measures your average blood sugar levels over the past 2-3 months. Results are given as a percentage, with lower numbers indicating better management.

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)**
liraglutide (Victoza)	Prefilled pen	Non-benefit
naltrexone-bupropion (Contrave)	Tablet	Non-benefit
orlistat (Xenical)	Capsule	Non-benefit
semaglutide (Wegovy)	Prefilled pen	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.