CADTH | pCODR PAN-CANADIAN ONCOLOGY DRUG REVIEW

PROVINCIAL FUNDING SUMMARY

Dinutuximab (Unituxin) for Neuroblastoma (pCODR 10154)

pERC Recommendation: Recommends with conditions

For further details, please see pERC Final Recommendation

Notification to Implement Issued by pCODR: April 10, 2019

This information is current as of March 1, 2020.

Note: Funding criteria as listed on the decision date. Please refer to the provincial drug programs for the most recent funding criteria and program eligibility.

PROVINCE	FUNDING STATUS	FUNDING DATE	FUNDING CRITERIA
BC	Funded	Nov 1, 2019	In combination with sargramostim, aldesleukin and tretinoin in patients with high-risk neuroblastoma who achieve a response to prior first-line multi-agent, multimodal therapy.
AB	Under provincial consideration		
SK	Funded	Mar 1, 2020	• In combination with granulocyte-macrophage colony-stimulating factor (GM-CSF), interleukin-2 (IL-2) and retinoic acid (RA) for the treatment of pediatric patients with high-risk neuroblastoma who achieve a response to prior pediatric protocol first-line multi-agent, multimodal therapy • Treatment may be continued until unacceptable toxicity or disease progression to a maximum of six cycles of Dinutuximab in combination with GM-CSF, IL-2 and RA; for clarification, a maximum of five cycles of Dinutuximab are administered - the sixth treatment cycle only includes RA Notes: • High-risk neuroblastoma is defined as those patients treated for high-risk disease (e.g., with induction chemotherapy, consideration of surgical resection, and high-dose chemotherapy with autologous stem cell transplant +/- radiotherapy) • Patients initially diagnosed as non-high-risk who later progress or relapse and are treated as high-risk are eligible • Patients are not eligible for funded Dinutuximab for treatment of relapsed/refractory neuroblastoma following upfront therapy for high-risk disease • Interleukin-2 may be omitted from post-consolidation therapy with Dinutuximab as

PROVINCE	FUNDING STATUS	FUNDING DATE	FUNDING CRITERIA
			currently recommended by the Children's Oncology Group • GM-CSF is not commercially available in Canada and requires Health Canada Special Access Programme (SAP) approval
MB	Funded	Feb 11, 2020	In combination with granulocyte-macrophage colony stimulating factor (GM-CSF), interleukin 2 (IL-2) and retinoic acid for the treatment of patients with high-risk neuroblastoma who achieve a response to prior pediatric protocol, first-line multi-agent, multimodal therapy.
ON	Funded	Jan 29, 2020	• In combination with granulocyte-macrophage colony-stimulating factor (GM-CSF), interleukin-2 (IL-2) and retinoic acid (RA) for the treatment of pediatric patients who achieve a response to prior pediatric protocol first-line multi-agent, multimodal therapy. • Treatment should be continued until unacceptable toxicity or disease progression to a maximum of six cycles of dinutuximab in combination with GM-CSF, IL-2 and RA. (i.e., for clarification, a maximum of five cycles of dinutuximab are administered. The sixth treatment cycle only includes RA).
NS	Under provincial consideration		
NB	Under provincial consideration		
NL	Under provincial consideration		
PEI	Under provincial consideration		

Under provincial consideration means that the province is reviewing pCODR's recommendation. This may include the province working with the drug manufacturer to reach an agreement for a drug product that both parties can accept, in particular in cases where the pCODR Expert Review Committee has recommended that the drug be funded only on the condition of cost-effectiveness being improved to an acceptable level. This may occur before or after the pan-Canadian Pharmaceutical Alliance negotiations. Please contact the specific provincial drug program and/or cancer agency in your province for information about the status of a given drug product.