

PROVINCIAL FUNDING SUMMARY Brentuximab vedotin (Adcetris) for Systemic Anaplastic Large Cell Lymphoma (sALCL)

pERC Recommendation: Recommends with conditional on the cost-effectiveness being improved to an acceptable level For further details, please see <u>pERC Final Recommendation</u>

Notification to Implement Issued by pCODR: December 20, 2013

This information is current as of July 9, 2018. The use of this document is directed by <u>pCODR's Terms of</u> <u>Use</u>.

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	STATUS	DECISION DATE	FUNDING CRITERIA
BC	Funded	Jun 1, 2014	Relapsed after primary chemotherapy and eligible for high-dose chemotherapy and stem cell transplant, if a good response is induced; Relapsed after high dose chemotherapy and stem cell transplant, or Relapsed after primary chemotherapy with CHOP or equivalent and transplant ineligible and disease no longer controlled by involved field radiation
AB	Funded	May 1, 2014	As monotherapy in patients with systemic anaplastic large cell lymphoma who have failed at least one prior multi-agent therapy and who have an ECOG performance status of 0 or 1
SK	Funded	Feb 4, 2014	As monotherapy in patients with sALCL who have failed at least one prior multi-agent chemotherapy regimen and who have an ECOG performance status of 0 or 1
MB	Funded	Mar 1, 2014	 For the treatment of patients with: Systemic Anaplastic Large Cell Lymphoma AND Confirmed CD30 antigen positive disease AND Disease relapse after or refractory to previous multi-agent chemotherapy AND An Eastern Cooperative Oncology Group (ECOG) performance status of 2 or less



PROVINCE	STATUS	DECISION DATE	FUNDING CRITERIA
ON	Funded	Feb 19, 2014	Brentuximab will be used as monotherapy in patients with systemic anaplastic large cell lymphoma who have failed at least one prior multi- agent chemotherapy regimen and who have an ECOG performance status of 0 or 1.
			Funded dose: Brentuximab 1.8 mg/kg IV every 3 weeks until disease progression or unacceptable toxicity.
			 Notes: a. A pathology report confirming CD30+ve systemic anaplastic large cell lymphoma and a clinic note outlining the patient's treatment history must be submitted to CCO prior to the start of treatment. b. Treatments beyond 16 cycles require documentation showing continued evidence of benefit (i.e., a clinic note and CT scan confirming that there is no evidence of disease progression). The documentation can be submitted with the treatment claims. c. Use of brentuximab in the first line setting or as a bridge to allogeneic stem cell transplant will not be funded. d. As per the manufacturer's product monograph, the maximum dose that can be administered is based on a weight of 100kg.
NS	Funded	Jan 1, 2015	As a single agent in patients with Systemic Anaplastic Large Cell Lymphoma who have failed at least one prior multi-agent chemotherapy regimen and who have an ECOG performance status (PS) of 0 or 1.
NB	Funded	Oct 1, 2015	For use as monotherapy in patients with systemic anaplastic large cell lymphoma (sALCL) who have failed at least one prior multi-agent chemotherapy regimen and who have an ECOG performance status of 0 or 1.
NL	Funded	June 25, 2018	As monotherapy in patients with sALCL who have failed at least one prior multi-agent chemotherapy regimen and who have an ECOG performance status of 0 or 1.
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 Pricing 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.