pCODR PAN-CANADIAN ONCOLOGY DRUG REVIEW

PROVINCIAL FUNDING SUMMARY

Everolimus (Afinitor) for Advanced Breast Cancer (pCODR 10014)

pERC Recommendation: Recommends with conditions

For further details, please see pERC Final Recommendation

Notification to Implement Issued by pCODR: April 11, 2013

This information is current as of December 1, 2019.

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	Dec 1, 2013	With Exemestane: ECOG 0-2; postmenopausal, hormone receptor positive, HER-2 negative advanced breast cancer after recurrence or progression on a non-steroidal aromatase inhibitor.
AB	Funded	Dec 19, 2013	For the treatment of hormone-receptor positive, HER2 negative advanced breast cancer in post menopausal women (ECOG ≤2(after recurrence or progression following a nonsteroidal aromatase inhibitor (NSAI), if the treating oncologist would consider using exemestane. Not to be used after palbociclib, or ribociclib or abemaciclib.
SK	Funded	Dec 16, 2013	In combination with Exemestane for treatment of hormone-receptor positive, HER2 negative, advanced breast cancer in post-menopausal women with good performance status (ECOG <2) after recurrence or progression following a non-steroidal aromatase inhibitor (Anastrozole or Letrozole) (Note: Patients that had breast cancer progression while previously receiving Exemestane will not be eligible for Everolimus)
MB	Funded	Jul 17, 2014	For the treatment of hormone-receptor positive, HER2 negative advance breast cancer, in post-menopausal women with ECOG performance status ≤ 2 after recurrence or progression following a non-steroidal aromatase inhibitor (NSAI), if the treating oncologist would consider using exemestane.

PROVINCE	STATUS	DECISION DATE	FUNDING CRITERIA
ON	Funded	Nov 8, 2013	Initial approval: In combination with exemestane, for the treatment of hormone-receptor positive, HER2 negative advanced breast cancer, in postmenopausal women with ECOG performance status ≤ 2 after recurrence or progression following a non-steroidal aromatase inhibitor (NSAI), if the treating oncologist would consider using exemestane. Dosing: 10mg daily (dose titration is allowed) Approval duration: 1 year Renewal criteria: The Patient's physician has confirmed that the Patient has benefited or continues to benefit from therapy with the Afinitor Product, and is expected to continue to do so. Approval duration: 1 year
NS	Funded	Oct 1, 2014	In combination with exemestane for postmenopausal patients (ECOG PS ≤2) with documented hormone receptor positive, HER2 negative-advanced breast cancer after recurrence or progression following a non-steroidal aromatase inhibitor (NSAI).
NB	Funded	Dec 19, 2013	In combination with exemestane, for the treatment of hormone-receptor positive, HER2 negative advanced breast cancer, in postmenopausal women with ECOG performance status ≤ 2 after recurrence or progression following a non-steroidal aromatase inhibitor (NSAI), if the treating oncologist would consider using exemestane. Dose: maximum 10mg daily.
NL	Funded	Mar 6, 2014	For the treatment of hormone-receptor positive, HER2 negative advanced breast cancer, in postmenopausal women with ECOG performance status ≤ 2 after recurrence or progression following a non-steroidal aromatase inhibitor (NSAI), if the treating oncologist would consider using exemestane. Approval Period: 9 months Recommended Dose: 10mg daily until disease progression or development of unacceptable toxicity requiring discontinuation of everolimus
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.