CADTH | pCODR PAN-CANADIAN ONCOLOGY DRUG REVIEW

PROVINCIAL FUNDING SUMMARY

Dabrafenib (Tafinlar) in combination with Trametinib (Mekinist) for Metastatic Melanoma (pCODR 10053)

pERC Recommendation: Recommends with condition on the cost-effectiveness being improved to an acceptable level

For further details, please see pERC Final Recommendation

Notification to Implement Issued by pCODR: August 6, 2015

This information is current as of June 3, 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	FUNDING STATUS	FUNDING DATE	FUNDING CRITERIA
BC	Funded	Aug 1, 2016	BRAF V600 mutation-positive unresectable or metastatic melanoma. • Previously untreated or as second line treatment for patients previously treated with first line pembrolizumab or ipilimumab or nivolumab or combination. • Only one BRAF/MEK targeted treatment will be funded (daBRAFenib, trametinib, or combination). • ECOG 0 to 1. • Adequate hematological, hepatic and renal function. • If brain metastases are present, patients should be asymptomatic or stable.
AB	Funded	Oct 18, 2016	Criteria update Oct. 30, 2018: Dabrafenib and/or trametinib for the treatment of patients with unresectable or metastatic melanoma with a BRAF V600 mutation. Not to be used after progression on an alternate BRAF inhibitor and/or MEK inhibitor.
SK	Funded	Aug 8, 2016	First line BRAF targeted therapy (i.e. patients may be treatment naïve or previously treated with checkpoint inhibitor immunotherapy and/or chemotherapy) with the combination of Dabrafenib and Trametinib in patients with BRAF V600 mutation positive unresectable or metastatic melanoma who have an ECOG performance status of 0 or 1 and stable brain metastases (if present).
MB	Funded	Jul 21, 2016	For the treatment of Unresectable or Metastatic Melanoma when used in combination with Tafinlar (dabrafenib).

PROVINCE	FUNDING STATUS	FUNDING DATE	FUNDING CRITERIA
ON	Funded	Aug 10, 2016	Initial requests: As a first line treatment of BRAF V600 mutation-positive, unresectable or metastatic melanoma; OR as a second line treatment of BRAF V600 mutation-positive, unresectable or metastatic melanoma in which the disease has progressed after receiving treatment in the first line setting. If brain metastases are present, they should be asymptomatic or stable. Exclusion criteria: BRAF V600 negative, or wild type tumours, or unknown status will not be funded. o Dabrafenib-trametinib combination therapy will not be considered for funding in patients who have progressed on a prior BRAF inhibitor therapy.
NS	Funded	Sept 1, 2016	Tafinlar Mekinist combination therapy as a first-line BRAF-mutation targeted treatment for patients with BRAF V600 mutation positive, unresectable or metastatic melanoma and who have an ECOG performance status of 0 or 1. Treatment should continue until disease progression. If brain metastases are present, patients should be asymptomatic or have stable symptoms.
NB	Funded	Mar 13, 2017	For the treatment of patients with BRAF V600 mutation-positive unresectable or metastatic melanoma, when used as first line therapy, alone or in combination with trametinib.
NL	Funded	Feb 1, 2017	First-line BRAF-mutation targeted treatment (i.e. patients may be treatment naïve or previously treated with checkpoint inhibitor immunotherapy and/or chemotherapy) with Tafinlar Mekinist (Dabrafenib Trametinib) combination therapy for patients with BRAF V600 mutation positive, unresectable or metastatic melanoma and who have an ECOG performance status of 0 or 1. If brain metastases are present, patients should be asymptomatic or have stable symptoms. Treatment should continue until disease progression.

PROVINCE	FUNDING STATUS	FUNDING DATE	FUNDING CRITERIA
PEI	Funded	Oct 29, 2018	Melanoma – Advanced (Unresctable or Metastatic) -For the treatment of patients with BRAF V600 mutation-positive unresectable or metastatic melanoma when used alone or in combination with trametinib. Clinical Notes: 1. Patients must have an ECOG performance status of 0 or 1. 2. If brain metastases are present, patients should be asymptomatic or have stable symptoms. 3. Treatment should be discontinued upon disease progression or unacceptable toxicity. Patients must apply for coverage under the High-Cost Drug Program. If written by an oncologist, this medication does not require the submission of a Pharmacare Special Authorization form.