PROVINCIAL FUNDING SUMMARY

Arsenic trioxide (Trisenox) for Acute Promyelocytic Leukemia (APL)

pERC Recommendation: Recommends
For further details, please see pERC Final Recommendation

Notification to Implement Issued by pCODR: March 5, 2014

This information is current as of March 29, 2016.
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	May 1, 2014	For newly diagnosed patients with low to intermediate risk Acute Promyelocytic Leukemia in combination therapy with Tretinoin (All-Trans Retinoic Acid, or ATRA) for First Line Induction and Consolidation Therapy; For patients with high risk APL who have received induction therapy with ATRA and chemotherapy single agent Arsenic Trioxide for First-Line Consolidation Therapy; For patients with relapsed or refractory APL demonstrating t(15,17) translocation and PML/RAR-alpha gene expression, induction and consolidation therapy with single agent Arsenic Trioxide
AB	Funded	May 1, 2014	For patients with APL with t(15:17) translocation and PLM/RAR-alpha gene expression: - First line in combination with all trans retinoic acid (ATRA) for the induction of remission and/or consolidation in patients with low or intermediate wisk acute promyeloctic leukemia (APL) and with ATRA and chemotherapy for high risk APL - Second line for induction of remission and consolidation in patients with APL who have relapsed after completion of first line therapy (including ATO based regimens) or who have disease refractory to non ATO based regimens

PROVINCE	STATUS	DECISION DATE	FUNDING CRITERIA
SK	Funded	Jul 2, 2014	For patients with acute promyelocytic leukemia (APL) in the following clinical settings: • in combination with all trans-retinoic acid (ATRA) as first-line induction and/or consolidation therapy in patients with low to intermediate risk APL • as consolidation therapy after induction therapy (ATRA plus chemotherapy) in patients with high risk APL characterized by t(15;17) translocation and PML/RAR-α (promyelocytic leukemia, retinoic acid receptor-alpha) gene expression • in the relapsed/refractory APL setting as induction and/or consolidation therapy in: a) patients who have relapsed after completion of first-line therapy, including prior therapy with arsenic trioxide, or: b) in patients with t(15;17) translocation and PML/RARα gene expression who are refractory to non-arsenic trioxide based treatment
MB	Funded	Jun 17, 2014	For the treatment of patients with Acute Promyelocytic Leukemia (APL) in combination with All-Trans Retinoic Acid (ATRA) in patients with • Low risk or intermediate risk APL (WBC < 10 X 10^9/L) as part of induction and consolidation OR • High risk APL (WBC > 10 X 10^9/L) as part of consolidation OR • Relapsed or refractory APL, without previous treatment with arsenic trioxide.
ON	Funded	Sep 2, 2014	•For use in combination with all-trans retinoic acid (ATRA) in the first-line setting for low to intermediate risk or high risk acute promyelocytic leukemia (APL) as an induction and consolidation treatment; or •For use in relapsed or refractory APL as an induction and consolidation treatment. •Patients must have t(15;17) translocation and PML/RAR-alpha gene expression

PROVINCE	STATUS	DECISION DATE	FUNDING CRITERIA
NS	Funded	Jul 22, 2014	Initial Therapy: In combination with all trans-retinoic acid (ATRA) in the first line setting as a treatment for the induction of remission and /or consolidation of low to intermediate risk APL and as a consolidation treatment for high risk APL after induction with ATRA plus chemotherapy for patients with the t(15;17) translocation and PML/RAR-alpha gene expression. Relapsed/Refractory/Retreatment Therapy: As a treatment for the induction of remission and consolidation in patients with APL who have relapsed after completion of first line therapy including ATO based regimens or who have disease refractory to non-ATO based regimens for patients with the t(15;17) translocation and PML/RAR-alpha gene expression. Pediatric Patient Population: As a treatment for the pediatric APL population as described above in the initial and relapsed/refractory/retreatment therapy criteria.
NB	Funded	Jul 15, 2015	For the treatment of acute promyelocytic leukemia according to the following criteria: • For use in combination with all-trans retinoic acid (ATRA) in the first-line setting for low to intermediate risk or high risk acute promyelocytic leukemia (APL) as an induction and consolidation treatment; or • For use in relapsed or refractory APL as an induction and consolidation treatment. • Patients must have t(15;17) translocation and PML/RAR-alpha gene expression.
NL	Funded	May 1, 2014	For low and moderate risk APL
PEI	Funded	Apr 8, 2014	In combination with all trans-retinoic acid (tretinoin, ATRA, Vesanoid) in the first-line setting as a treatment for the induction of remission and/or consolidation of low to intermediate risk acute promyelocytic leukemia (APL) and As a consolidation treatment for high risk APL after induction with ATRA plus chemotherapy for patients with the t(15;17) translocation and PML/RAR-alpha gene expression.

**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.