

PROVINCIAL FUNDING SUMMARY

Bortezomib (Velcade) for Multiple Myeloma

pERC Recommendation:

- Recommends funding as a component of induction therapy pre-autologous stem cell transplant (ASCT);
- Does not recommend funding as a consolidation or maintenance therapy post-ASCT

For further details, please see [pERC Final Recommendation](#)

Notification to Implement Issued by pCODR: April 11, 2013

This information is current as of June 30, 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 for pre-ASCT	May 1, 2010	Previously untreated multiple myeloma patients who are ELIGIBLE for autologous stem cell transplant (ASCT). A BC Cancer Agency “Compassionate Access Program” request with appropriate clinical information for each patient must be approved prior to treatment; a referral to the Leukemia/BMT Program of BC must be made for consideration of transplant at the start of the first cycle or CAP application. The last bortezomib and cyclophosphamide dose should be given at least 14 days prior to stem cell collection.
	Not funded for post-ASCT		
AB	Funded for pre-ASCT	July 18, 2013	As a component of induction therapy pre-autologous stem cell transplantation (ASCT) for newly diagnosed patients with multiple myeloma who are eligible for ASCT
	Funded for post-ASCT	July 18, 2013	Post autologous stem cell transplantation (ASCT) for 4 cycles of consolidation in those patients who obtained only partial response or stable disease and for maintenance therapy for two years in those patients who have the del17p and/or t(4:14) Feb 3,2016 added Concurrent use with lenalidomide maintenance is approved in these high risk patients.

PROVINCE	STATUS	DECISION DATE	FUNDING CRITERIA
SK	Funded for pre-ASCT	Nov 1, 2010	<p>a) First line treatment for multiple myeloma as part of an approved regimen.</p> <p>b) Step-down maintenance in patients not proceeding to transplant</p>
	Funded for post-ASCT		<p>c) Maintenance treatment for patients with newly diagnosed multiple myeloma with 17p deletion following autologous stem cell transplant (ASCT), in patients with stable disease or better, with no evidence of disease progression; treatment may be continued until disease progression, unless discontinued due to patient intolerance</p> <p>d) Maintenance treatment for patients with newly diagnosed multiple myeloma without a 17p deletion following autologous stem cell transplant (ASCT) in patients who develop intolerance to Lenalidomide maintenance in this setting</p> <p>e) Treatment of multiple myeloma in patients who are refractory to or have relapsed after at least one prior line of therapy, or have completed at least one full treatment regimen and are experiencing intolerance to their current therapy; Bortezomib in the relapsed setting may be re-initiated if greater than 1 year since last Bortezomib therapy</p>
MB	Funded for pre-ASCT	Jun 21, 2011	<p>Induction therapy prior to autologous stem cell transplantation Inclusion Criteria:</p> <p>For the first line induction treatment of patients with:</p> <ul style="list-style-type: none"> • A diagnosis of multiple myeloma (active) AND • Age < 70 years old, AND • A Karnofsky Performance Score (KPS) > 70, AND • Intent of treatment to proceed to autologous stem cell transplantation, if patient otherwise meets eligibility, AND • No previous treatment with Bortezomib (i.e. bortezomib naïve)

PROVINCE	STATUS	DECISION DATE	FUNDING CRITERIA
ON	Funded for pre-ASCT	June 28, 2013	<p>For previously untreated Multiple Myeloma pre-stem cell transplant where the patient meets all of the following criteria:</p> <ul style="list-style-type: none"> - The patient has newly diagnosed multiple myeloma and is eligible for autologous stem cell transplantation and - Bortezomib is used as a component of induction therapy pre-autologous stem cell transplantation (ASCT) <p>Funded Doses: Bortezomib must be used as part of combination therapy. Funded doses may include either of the following:</p> <ul style="list-style-type: none"> - Bortezomib 1.3 mg/m² IV or sc Days 1, 4, 8, and 11 of each cycle for 4 cycles (1 cycle = 21 days) - Bortezomib 1.5mg/m² IV or sc weekly on Days 1, 8, 15, 22 of each cycle for 4 cycles (1 cycle = 28 days) <p>Notes: - The patient must not have received prior therapy (e.g., dexamethasone, chemotherapy, or immunomodulator-based therapy) for multiple myeloma.</p> <ul style="list-style-type: none"> - Bortezomib-based combination therapy can include the addition of dexamethasone, alkylator or anthracycline chemotherapy, or immunomodulator-based therapy to the bortezomib backbone. - For additional doses, prior authorization is required.
	Not funded for post-ASCT	Jul 23, 2013	
NS	Funded for pre-ASCT	Sep 1, 2012	In combination (+/- cyclophosphamide and dexamethasone) or as a single agent in previously untreated MM patients who are eligible for SCT.
	Under provincial consideration for post-ASCT		
NB	Funded for pre-ASCT	Feb 1, 2014	As a component of induction therapy pre-autologous stem cell transplantation (ASCT) for patients with newly diagnosed multiple myeloma, who are eligible for ASCT. The patient must not have received prior therapy (e.g., dexamethasone, chemotherapy, or immunomodulator-based therapy) for multiple myeloma.
	Not funded for post-ASCT		

PROVINCE	STATUS	DECISION DATE	FUNDING CRITERIA
NL	Funded for pre-ASCT	Apr 1, 2013	For multiple myeloma pre-autologous stem cell transplant.
	Not funded for post-ASCT		
PEI	Funded	Jun 1, 2011	First line treatment for multiple myeloma as part of approved regimen for patients who are/are not eligible for transplant.
	Not funded for post-ASCT		