CADTH | pCODR PAN-CANADIAN ONCOLOGY DRUG REVIEW

PROVINCIAL FUNDING SUMMARY

Brentuximab Vedotin (Adcetris) for Hodgkin's Lymphoma (post-ASCT) Resubmission (pCODR 10116)

pERC Recommendation: Recommends with conditions

For further details, please see pERC Final Recommendation

Notification to Implement Issued by pCODR: March 8, 2018

This information is current as of May 1, 2020.

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	Feb 1, 2019	Hodgkin lymphoma (HL) after primary treatment with ABVD chemotherapy and secondary treatment with ASCT. NOTE: A BCCA "Compassionate Access Program" request with appropriate clinical information for each patient must be approved prior to treatment.
AB	Funded	Apr 10, 2020	Brentuximab vedotin (BV) for the post autologous stem cell transplant (ASCT) consolidation treatment of patients with Hodgkin lymphoma (HL) at increased risk* of relapse or progression. BV consolidation treatment should be initiated within four to six weeks post ASCT or upon recovery from ASCT and continued until a maximum of l6 cycles, disease progression, or unacceptable toxicity, whichever comes first. Retreatment with Brentuximab vedotin(BV) for relapsed disease is allowed in patients NOT refractory to BV *Increased risk as defined in the AETHERA trial: refractory to frontline therapy, relapsed less than 12 months following front line therapy , or relapse at 12 months or greater with extra nodal involvement.

PROVINCE	FUNDING STATUS	FUNDING DATE	FUNDING CRITERIA
SK	Funded	May 1, 2019	For the post-autologous stem cell transplant (ASCT) consolidation treatment of patients with Hodgkin lymphoma (HL) at increased risk of progression. Consolidation treatment should be initiated within four to six weeks post-ASCT or upon recovery from ASCT and continued until a maximum of 16 cycles, disease progression or unacceptable toxicity, whichever comes first. Notes: -High-risk of progression is defined below: • Refractory to frontline therapy (e.g., progressed during, or no response to frontline therapy), or • Relapsed less than 12 months from completion of frontline therapy, or • Relapsed 12 months or later after completion of frontline therapy with extranodal disease Re-treatment with Brentuximab vedotin is allowed in patients who are not considered refractory to Brentuximab vedotin (e.g., no evidence of disease progression during consolidation Brentuximab vedotin, and a minimum of 6 months since the last dose of consolidation Brentuximab vedotin).
MB	Funded	Apr 1, 2019	For the post-autologous stem cell transplant (ASCT) consolidation treatment of patients with Hodgkin Lymphoma at increased risk of relapse. Increased risk of relapse is: - refractory to frontline therapy or - relapsed less than 12 months from frontline therapy or - relapse 12 months or greater after frontline therapy with extranodal disease Consolidation treatment should be initiated within 4 to 6 weeks post-ASCT or upon recovery from ASCT and continued until a maximum of 16 cycles, disease progression or unacceptable toxicity, whichever comes first.

PROVINCE	FUNDING STATUS	FUNDING DATE	FUNDING CRITERIA
ON	Funded	Dec 17, 2019	Brentuximab vedotin will be used for the post-autologous stem cell transplant (ASCT) consolidation treatment of patients with Hodgkin lymphoma (HL) at increased risk of relapse or progression*. *Patients with increased risk of relapse or progression as defined in the pivotal trial: • Refractory to frontline therapy or; • Relapsed less than 12 months from frontline therapy or; • Relapse 12 months or greater after frontline therapy with extranodal disease. Consolidation treatment should be initiated within four to six weeks post-ASCT or upon recovery from ASCT. Brentuximab vedotin 1.8 mg/kg intravenously (IV) once every 3 weeks until a maximum of 16 cycles, disease progression or unacceptable toxicity, whichever comes first.
NS	Funded	Jul 1, 2019	For the post-autologous stem cell transplant (ASCT) consolidation treatment of patients with Hodgkin lymphoma (HL) at increased risk of relapse or progression as outlined in the AETHERA trial: ● Refractory to frontline therapy or ● Relapsed less than 12 months from frontline therapy or ● Relapse 12 months or greater after frontline therapy with extranodal disease. Consolidation treatment should be initiated within four to six weeks post-ASCT or upon recovery from ASCT and continued until a maximum of 16 cycles, disease progression or unacceptable toxicity, whichever comes first.
NB	Funded	Jul 25, 2019	For the post-autologous stem cell transplant (ASCT) consolidation treatment of patients with Hodgkin lymphoma at increased risk of relapse or progression. Increased risk of relapse or progression is defined as: •Refractory to front line therapy, or •Relapse less than 12 months from front line therapy, or •Relapse 12 months or greater after front line therapy with extranodal disease Consolidation treatment should be initiated within four to six weeks post-ASCT or upon recovery from ASCT and discontinued upon disease progression, unacceptable toxicity, or a maximum of 16 cycles, whichever occurs first.

PROVINCE	FUNDING STATUS	FUNDING DATE	FUNDING CRITERIA
NL	Funded	Jul 29, 2019	For the post-autologous stem cell transplant (ASCT) consolidation treatment of patients with Hodgkin lymphoma at an increased risk of relapse or progression. Patients who are at increased risk of relapse or progression include: - Refractory to frontline therapy - Relapsed less than 12 months following frontline therapy - Relapsed at greater than or equal to 12 months with extranodal involvement.
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 Pharmaceutical 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.