CADTH | pCODR PAN-CANADIAN ONCOLOGY DRUG REVIEW

PROVINCIAL FUNDING SUMMARY

Nivolumab (Opdivo) for classical Hodgkin Lymphoma (after failure of ASCT) (pCODR 10120)

pERC Recommendation: Recommends with conditions

For further details, please see pERC Final Recommendation

Notification to Implement Issued by pCODR: May 18, 2018

This information is current as of June 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		▪ Classical Hodgkin lymphoma, relapsed or progressed after autologous stem cell transplantation (ASCT) and brentuximab vedotin ▪ Patients with relapsed or refractory cHL not eligible for ASCT and relapsed or progressed after brentuximab vedotin ▪ Patients with relapsed or refractory cHL with contraindication to brentuximab vedotin (e.g., peripheral neuropathy) ▪ Good performance status ▪ Adequate hepatic and renal function ▪ Access to a treatment centre with expertise to manage immune-mediated adverse reactions of nivolumab ▪ BC Cancer Compassionate Access Program (CAP) approval must be obtained EXCLUSIONS: ▪ Relapsed or progressed after three or more line of systemic therapy, one of which is ASCT ▪ Active autoimmune disease ▪ Use with cautions in patients with long term immunosuppressive therapy or systemic corticosteroids (Requiring more than 10 mg prednisone/day or equivalent)
AB	Funded	Apr 10, 2020	For patients with classical Hodgkin lymphoma (cHL) that has relapsed or progressed after autologous stem cell transplantation (ASCT) and bretuximab vedotin (BV). Not to be used if progression on treatment with an alternate PD1 inhibitor (eg Pembrolizumab) Must be dosed using weight based dosing to a maximum of flat dose (nivolumab 3 mg/kg up to maximum of 240 mg every 2 weeks or 6 mg/kg up to a maximum of

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			480 mg every 4 weeks) Duration of therapy until disease progression or unacceptable toxicity.
SK	Funded	Mar 1, 2020	•Treatment of patients with classical Hodgkin lymphoma (cHL) that has relapsed or progressed after autologous stem cell transplantation (ASCT) and Brentuximab vedotin •Treatment may continue until confirmed disease progression or unacceptable toxicity Notes: • cHL subtypes include: nodular sclerosis, mixed cellularity, lymphocyte-rich and lymphocyte-depleted • Patients with central nervous system lymphoma or nodular lymphocyte-predominant Hodgkin lymphoma are not eligible
MB	Funded	Feb 3, 2020	For the treatment of patients with: • Classical Hodgkin Lymphoma (cHL) that have relapsed or progressed after autologous stem cell transplantation and brentuximab vedotin or • Classical Hodgkin Lymphoma (cHL) that are ineligible for autologous stem cell transplantation and have relapsed or progressed after brentuximab vedotin. Treatment should continue until confirmed disease progression or unacceptable toxicity.
ON	Funded	Jan 29, 2020	• For the treatment of patients with classical Hodgkin Lymphoma (cHL) that has relapsed or progressed after autologous stem cell transplantation (ASCT) and brentuximab vedotin. • Treatment should continue until confirmed disease progression or unacceptable toxicity.
NS	Funded	Apr 1, 2020	For the treatment of patients with classical Hodgkin's Lymphoma (cHL) that has relapsed or progressed after autologous stem cell transplantation (ASCT) and brentuximab vedotin (BV). Patients should have a good performance status. Treatment should continue until confirmed disease progression or unacceptable toxicity. Patients with relapsed or refractory cHL who are not eligible for ASCT and have relapsed or progressed after brentuximab vedotin are eligible for treatment with nivolumab.

PROVINCE	FUNDING STATUS	FUNDING DATE	FUNDING CRITERIA
NB	Funded	Apr 6, 2020	For the treatment of patients with classical Hodgkin lymphoma that has relapsed or progressed after autologous stem cell transplantation (ASCT) and brentuximab vedotin. Treatment should be discontinued upon disease progression or unacceptable toxicity.
NL	Under provincial consideration		
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.