CADTH | pCODR PAN-CANADIAN ONCOLOGY DRUG REVIEW

PROVINCIAL FUNDING SUMMARY

Ribociclib (Kisqali) for Metastatic Breast Cancer (pCODR 10112)

pERC Recommendation: Recommends with conditions

For further details, please see pERC Final Recommendation

Notification to Implement Issued by pCODR: May 3, 2018

This information is current as of October 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	Oct 1, 2019	Post-menopausal women and men with ER-positive, HER2-negative advanced breast cancer with no prior systemic treatment (including chemotherapy) for metastatic disease (including women with chemically induced menopause with LHRH agonists). • Patients should not be resistant to prior (neo) adjuvant aromatase inhibitor therapy (patients must be a minimum of 12 months from last adjuvant aromatase inhibitor), nor have active or uncontrolled metastases to the central nervous system. • Good performance status • A Compassionate Access Program (CAP) approval is required prior to the initiation of treatment (please refer to https://cap.phsa.ca/). * Note: Patients are eligible to receive ribociclib plus letrozole/anastrozole (UBRAVRIBAI) or palbociclib plus letrozole/anastrozole (UBRAVPALAI) or everolimus plus exemestane (BRAVEVEX), but not sequential use of these combination regimens. ** Note: For patients recently diagnosed with metastatic breast cancer, and who have initiated anastrozole or letrozole monotherapy within the past 6 months, ribociclib can be added if the rest of the above criteria are met.
AB	Funded	Nov 19, 2019	Ribociclib in combination with an aromatase inhibitor (AI) as a first line treatment of postmenopausal women with ER positive HER2 negative, advanced or metastatic breast cancer (de novo stage IV or prior earlier stage and disease free for at least 12 months following completion of (neo)adjuvant non-steroidal aromatase inhibitor). Physicians may choose only one of the following combinations: ribociclib + AI first line, palbociclib + AI first line, or everolimus +exemestane second line for an individual patient. The following groups of patient would be included: pre-menopausal patients with

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			chemically induced menopause, patients with bone only metastases, patients that are HER2 equivocal by FISH testing, or male patients.
SK	Funded	Nov 4, 2019	In combination with Anastrozole or Letrozole for the treatment of post-menopausal women or men with hormone receptor (HR)-positive, human epidermal growth factor receptor 2 (HER2)-negative advanced or metastatic breast cancer who have not received any prior treatment for advanced or metastatic disease. • Treatment may continue until unacceptable toxicity or disease progression; patients should have good performance status and not be resistant to prior neoadjuvant or adjuvant non-steroidal aromatase inhibitor (NSAI) therapy (e.g., patients should be disease-free for at least one year from the completion of prior adjuvant NSAI therapy), nor have active or uncontrolled metastases to the central nervous system Notes: o Anastrozole or Letrozole are the approved aromatase inhibitors for use in combination with Ribociclib; other endocrine therapies (e.g., Tamoxifen, Exemestane, Fulvestrant) are not approved o Patients who received prior chemotherapy in the advanced setting are not eligible for Ribociclib o For patients who received Anastrozole or Letrozole in the neoadjuvant or adjuvant setting, a minimum disease free interval of 12 months after stopping therapy is required for Ribociclib eligibility; there is no time restriction for patients who relapse after receiving Tamoxifen or Exemestane in the neoadjuvant or adjuvant setting o Patients will be eligible for EITHER Ribociclib or Palbociclib with Anastrozole or Letrozole in the first line setting OR Everolimus with Exemestane as a subsequent line of therapy, not both therapies.
MB	Funded	Mar 2, 2020	Inclusion Criteria: • For the treatment of post-menopausal women or men with hormone receptor positive, human epidermal growth factor 2 (HER2)-negative advanced or metastatic breast cancer who have not received any prior treatment for advanced or metastatic disease. • Patients should have a good performance status. • Patients cannot be resistant to prior (neo)adjuvant nonsteroidal aromatase inhibitor therapy, nor have active or uncontrolled central nervous system metastases. Exclusion Criteria: • Prior systemic therapy (including chemotherapy) for advanced disease

PROVINCE	FUNDING STATUS	FUNDING DATE	FUNDING CRITERIA
			• Disease progression while on aromatase inhibitor therapy or within 12 months of completing adjuvant therapy with aromatase inhibitor • Active or uncontrolled CNS metastases
ON	Funded	Aug 14, 2019	Initial Criteria: For the treatment of post-menopausal women1 with hormone receptor (HR) – positive, human epidermal growth factor receptor 2 (HER 2)-negative unresectable locally advanced breast cancer or metastatic breast cancer in patients who meet the following criteria: • Ribociclib is used in combination with an aromatase inhibitor (i.e. letrozole, anastrozole, or exemestane)2; AND • The combination is being used as first line treatment3 of unresectable locally advanced or metastatic disease, including patients with bone only metastases; AND • Patient has good performance status (ECOG 0 to 2); AND • Patient does not have active or uncontrolled metastases to the central nervous system; AND • For patients who received anastrozole or letrozole in the neo-adjuvant or adjuvant setting, a minimum disease free interval of twelve (12) months after stopping therapy is required for ribociclib eligibility. (Note: There is no time restriction for patients who relapse after receiving tamoxifen or exemestane in the neoadjuvant or adjuvant setting.) 1 Premenopausal patients with chemically-induced menopause and male breast cancer patients will be considered. 2Other combinations with ribociclib will not be considered. 3 Patient must not have progressed on a prior systemic treatment (e.g. hormonal, chemotherapy, or immunotherapy) for their locally advanced or metastatic disease. Renewal Criteria: Renewals will be considered in patients who have not demonstrated evidence of disease progression or development of unacceptable toxicity requiring discontinuation while on ribociclib. Exclusion Criteria: • Patients whose disease was resistant4 to a non-steroidal aromatase inhibitor therapy (letrozole or anastrozole) used in the neoadjuvant or adjuvant setting. • Patients using ribociclib as second-line or beyond. • Patients with active or uncontrolled metastases to the central nervous system. • Patients whose disease progressed while treated with an Everolimus or Palbociclib regimen used for advanced/metastatic breast cancer. 4 Resistance is defined as disease progression that occurred during treatment or within 12 months after stopping of the aromatase inhibitor in the neoadjuvant or adjuvant setting. Notes: a) Funding will be considered for patients who

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			missed the opportunity to use ribocilib in the advanced setting in patients started on monotherapy with an aromatase inhibitor (AI) (e.g. letrozole, anastrozole, exemestane) as first line treatment of post-menopausal HR-positive, HER2-negative (ER+/HER2-) advanced breast cancer AND who have not received any prior systemic treatment for metastatic disease AND who have not experienced disease progression with current AI therapy AND who meet the disease-free time requirement if anastrozole or letrozole was used previously in the adjuvant or neoadjuvant setting. b) Public funding will be considered for only one of Ribociclib (in combination with an aromatase inhibitor) OR Palbociclib (in combination with an aromatase inhibitor) OR Afinitor (in combination with exemestane). Dosing: Ribociclib (Kisqali) 600mg orally once daily for 21 consecutive days, followed by 7 days off treatment. In combination with continuous daily aromatase inhibitor. Approval duration of Initials and Renewals: 1 year
NS	Funded	Nov 1, 2019	In combination with an aromatase inhibitor (AI) (ie. letrozole, anastrozole or exemestane) for the treatment of post-menopausal women with estrogen receptor (ER) positive, human epidermal growth factor receptor 2 (HER 2) negative advanced breast cancer who have not received any prior treatment for metastatic disease. Treatment should continue until unacceptable toxicity or disease progression. Patients should have a good performance status and not be resistant to prior (neo) adjuvant aromatase inhibitor therapy (i.e.: have the potential to benefit from first-line endocrine based therapy), without active or uncontrolled metastases to the central nervous system. Patients will be eligible for either Ribociclib plus an aromatase inhibitor in the first line setting or Everolimus plus Exemestane as a subsequent line of therapy, but not both therapies. Time limited need: Patients currently receiving first line aromatase inhibitor monotherapy for ER positive, HER2-negative metastatic breast cancer may have Ribociclib added provided the above criteria is met. The following subgroups are eligible for funding of Ribociclib: Premenopausal patients (with a chemically-induced menopause), males, patients with bone only metastases, and patients who are HER2 equivocal by FISH testing (these patients are HER2 negative).
NB	Funded	Jan 20, 2020	In combination with an aromatase inhibitor for the treatment of hormone receptor positive, HER2

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			negative advanced or metastatic breast cancer in postmenopausal women or men who: • have not received prior therapy for advanced or metastatic disease, and • are not resistant to prior (neo)adjuvant non-steroidal aromatase inhibitor (NSAI) therapy, and • do not have active or uncontrolled metastases to the central nervous system. Renewal Criteria: Written confirmation that the patient has responded to treatment and there is no evidence of disease progression. Clinical Notes: 1. For patients who received (neo)adjuvant NSAI therapy, a minimum disease-free interval of twelve months after stopping therapy is required. 2. Patients must have a good performance status. 3. Treatment should be discontinued upon disease progression or unacceptable toxicity. Claim Notes: • Requests for women with chemically-induced menopause will be considered. • Patients with disease progression on ribociclib are not eligible for reimbursement of further CDK4/6 inhibitor therapy or everolimus. • Initial approval period: 1 year. • Renewal approval period: 1 year.
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.