CADTH | pCODR PAN-CANADIAN ONCOLOGY DRUG REVIEW

PROVINCIAL FUNDING SUMMARY

Apalutamide (Erleada) for Castrate Resistant Prostate Cancer (pCODR 10133)

pERC Recommendation: Recommends with conditions

For further details, please see pERC Final Recommendation

Notification to Implement Issued by pCODR: November 16, 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	May 1, 2020	• performance status 0-2 • Patients with non-metastatic castration resistant prostate cancer (nmCRPC) who are chemotherapy naïve • Patients with nmCRPC with a PSA doubling time of less or equal to 10 months. • Patients with no radiologic evidence of metastases (negative bone scan, negative CT of pelvis, abdomen, chest) • A BC Cancer "Compassionate Access Program" (CAP) request must be approved prior to treatment • Patients who have progressed on apalutamide (UGUPAPA) are not eligible to receive enzalutamide (UGUPENZ
AB	Funded	Apr 10, 2020	In combination with androgen deprivation therapy (ADT) for the treatment of patients with castration resistant prostate cancer (CRPC) who have no detectable distant metastases by either CT, MRI, or technetium-99m bone scan and who are at high risk of developing metastases. High risk is defined as: -prostate specific antigen doubling time (PSADT) of < 10 months, as calculated by MSKCC online calculator, - Castration- resistant prostate cancer demonstrated during continuous ADT/post orchiectomy - Resistance: patients had to have a minimum of three rising PSA values at an interval or at least l week apart with a last PSA level of greater than 2ng/mL -Maintain castrate levels of testosterone throughout apalutamide therapy Patients treated with prior chemotherapy in the adjuvant or neoadjuvant setting are eligible to receive apalutamide. Patients may receive only one of these agents (apalutamide or enzalutamide) in this setting and switching only if intolerant to one agent

PROVINCE	FUNDING STATUS	FUNDING DATE	FUNDING CRITERIA
SK	Funded	Jan 1, 2020	•In combination with androgen deprivation therapy (ADT) for the treatment of patients with castration-resistant prostate cancer (CRPC) who have no detectable distant metastases by either CT, MRI or technetium-99m bone scan and who are at high risk of developing metastases •High risk is defined as a prostate-specific antigen doubling time (PSADT) of ≤ 10 months during continuous ADT •Patients should have good performance status and no risk factors for seizures; treatment may continue until unacceptable toxicity or radiographic disease progression Additional clarifications for use and funding of Apalutamide are noted below: •Patients should have histologically or cytologically confirmed adenocarcinoma of the prostate without neuroendocrine differentiation or small cell features •Patients with presence of any distant metastases, including CNS and vertebral or meningeal involvement, are not eligible for Apalutamide; however, patients with pelvic lymph nodes <2 cm in short axis (N1) located below the common iliac vessels are eligible for Apalutamide •Castrate levels of testosterone (<1.7 nmol/L) must be demonstrated within 4 weeks of treatment initiation with Apalutamide •Castration-resistant prostate cancer must be demonstrated during continuous ADT, and is defined as 3 PSA rises, at least 1 week apart, with the last PSA >2 mcg/L •Patients who are receiving a first generation anti-androgen (e.g., Bicalutamide) must show a further rise in PSA measured at least 6 weeks after discontinuing the anti-androgen to be eligible for Apalutamide •Patients previously treated with a second generation anti-androgen (e.g., Enzalutamide) or CYP17 inhibitor (e.g., Abiraterone) are not eligible for Apalutamide •In case of biochemical progression (rising PSA) while on Apalutamide, appropriate clinical evaluation and/or investigations for metastatic disease should be conducted in a timely manner •Patients receiving Apalutamide for treatment of non-metastatic castration-resistant prostate cancer (nmCRPC) will be eligible for SCA funded Abiraterone at the time of disease progression to metastatic castration-resistant prostate cancer (mCRPC); Enzalutamide is not funded for patients who experience disease progression to mCRPC while on Apalutamide •Either Abiraterone or Enzalutamide may be used to treat mCRPC in patients who discontinued Apalutamide in the non-metastatic setting due to

PROVINCE	FUNDING STATUS	FUNDING DATE	FUNDING CRITERIA
			intolerance without disease progression to the metastatic setting
MB	Under provincial consideration	Mar 2, 2020	Inclusion Criteria: • In combination with androgen deprivation therapy (ADT) for the treatment of patients with castration-resistant prostate cancer who have no detectable distant metastases by either CT, MRI or bone scan and who are at high risk of developing metastases. High risk is defined as: i) PSA doubling time of equal to or less than 10 months ii) Castration-resistant prostate cancer demonstrated during continuous ADT/post orchiectomy. Resistance defined as patients have to have a minimum of 3 rising PSA values at an interval of at least 1 week apart with a last PSA level of >2 ng per milliter Castrate levels of testosterone must be maintained throughout apalutamide therapy. • Patients should have a good performance status and no risk factors for seizures. • Treatment should continue until unacceptable toxicity or radiographic progression.
ON	Funded	Jan 14, 2020	For the treatment of high risk non-metastatic castration resistant prostate cancer (nmCRPC) in patients who meet all the following criteria: • Patient using Erleada in combination with androgen deprivation therapy (ADT); AND • Has no detectable distant metastases as determined by CT, MRI, or technetium-99m bone scan; AND Patient is at high risk for developing metastatic castrate resistant prostate cancer (mCRPC) based on meeting all the following indicia observed while on continuous ADT treatment OR post orchiectomy: o Prostate-specific antigen doubling time (PSADT) of less than or equal to10 months o Three (3) prostate-specific antigen (PSA) rises at least 1 week apart, with the last PSA > 2ng/mL; and o Testosterone is maintained at castrate levels AND • Has Eastern Cooperative Oncology Group (ECOG) Performance Status less than or equal to 2. Exclusion criteria: The following will not be reimbursed. • The patient received prior chemotherapy for the treatment of prostate cancer, unless it was in the adjuvant or neoadjuvant setting. • The patient has experienced disease progression on prior treatment with enzalutamide(Xtandi)1. Note: Patients who have progressed on apalutamide for nmCRPC will not be eligible for enzalutamide in metastatic castrate resistant prostate cancer (mCRPC). The Ministry will fund only one of apalutamide or enzalutamide in patients with non-metastatic castrate resistant prostate

PROVINCE	FUNDING STATUS	FUNDING DATE	FUNDING CRITERIA
			cancer.1 1Patients treated with Xtandi (enzalutamide) as part of a clinical trial may be eligible for Erleada and will be considered on a case-by-case basis Approved Dosage: 240 mg administered orally once daily. Renewal Criteria: Renewals will be considered in patients without evidence of radiographic disease progression or unacceptable toxicity while on Erleada therapy.
NS	Funded	Jul 1, 2020	In combination with androgen deprivation therapy (ADT) for the treatment of patients with castration-resistant prostate cancer (CRPC) who have no detectable distant metastasis (M0) by either CT, MRI or technetium-99m bone scan and who are at high risk of developing metastases1. Patients should have a good performance status and no risk factors for seizures. Treatment should continue until unacceptable toxicity or radiographic disease progression. Clinical Notes: Castration-resistance must be demonstrated during continuous ADT and is defined as 3 PSA rises at least one week apart, with the last PSA > 2 ng/mL. Castrate levels of testosterone must be maintained. Patients with N1 disease, pelvic lymph nodes < 2cm in short axis located below the common iliac vessels are eligible for apalutamide. Apalutamide will not be funded for patients who experience disease progression on enzalutamide. Patients receiving apalutamide for the treatment of non-metastatic CRPC will be eligible for funding of abiraterone at the time of disease progression to metastatic CRPC. Enzalutamide is not funded for patients who experience disease progression to metastatic CRPC while on apalutamide. Either abiraterone or enzalutamide may be used to treat metastatic CRPC in patients who discontinued apalutamide in the non-metastatic setting due to intolerance without disease progression. 1. High risk of developing metastases is defined as a prostate-specific antigen (PSA) doubling time of ≤ 10 months during continuous ADT
NB	Funded	Jul 16, 2020	In combination with androgen deprivation therapy (ADT) for the treatment of patients with castration-resistant prostate cancer (CRPC) who meet all of the following criteria: • No detectable distant metastases by either CT, MRI or technetium-99m bone scan • Prostate-specific antigen (PSA) doubling time of less than or equal to 10 months during continuous ADT (i.e., high risk of developing metastases) Renewal Criteria:

PROVINCE	FUNDING STATUS	FUNDING DATE	FUNDING CRITERIA
			• Written confirmation that the patient has responded to treatment and there is no evidence of radiographic disease progression. Clinical Notes: 1. Castration-resistance must be demonstrated during continuous ADT and is defined as a minimum of three rises in PSA, measured at least one week apart, with the last PSA greater than 2 mcg/L. 2. Castrate levels of testosterone must be maintained throughout treatment with apalutamide. 3. Patients must have a good performance status and no risk factors for seizures. 4. Treatment should be discontinued upon radiographic disease progression or unacceptable toxicity. Claim Notes: • Requests for apalutamide will not be considered for patients who experience disease progression on enzalutamide. • 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.