

PROVINCIAL FUNDING SUMMARY

Nivolumab (Opdivo) for Metastatic Melanoma (pCODR 10063)

pERC Recommendation: Recommends

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

Notification to Implement Issued by pCODR: April 18, 2016

This information is current as of July 1, 2019.

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	Mar 1, 2017	Unresectable stage 3 or stage 4 metastatic melanoma in patients: Ipilimumab naïve, wild type BRAF V600 mutation status. Patients are eligible to receive pembrolizumab or ipilimumab or nivolumab but not sequential use of these agents. 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 Agency Compassionate Access Program (CAP) approval must be obtained.
AB	Funded	Apr 3, 2017	Nivolumab for the treatment of patients with unresectable or metastatic BRAF wild-type melanoma who are previously untreated, with good performance status and who have stable brain metastases (if present). Treatment should continue until unacceptable toxicity or disease progression. Not to be used for the treatment of patients with BRAF V600 mutations positive unresectable or metastatic melanoma. Not to be used for the treatment of patients who have previously received treatment with ipilimumab or pembrolizumab.
SK	Funded	Mar 23, 2017	As monotherapy treatment for patients with advanced (unresectable or metastatic) melanoma until disease progression in patients with good performance status and who have stable brain metastases (if present).
MB	Funded	Mar 13, 2017	For the treatment of patients with: - Primary unresectable or metastatic melanoma AND - Confirmed BRAF wild-type AND - A good performance status.

PROVINCE	FUNDING STATUS	FUNDING DATE	FUNDING CRITERIA
ON	Funded	Mar 21, 2017	Updated April 4, 2019: <ul style="list-style-type: none"> • Treatment for patients with unresectable or metastatic melanoma, regardless of BRAF status, who are previously untreated or may have received prior treatment with BRAF targeted therapy, with good performance status and who have stable brain metastases (if present). • For patients treated with anti-PD-1 monotherapy (instead of combination nivolumab plus ipilimumab) in the metastatic setting, ipilimumab monotherapy will be funded as a subsequent line of therapy provided that funding criteria are met.
NS	Funded	Apr 1, 2017	As a single agent treatment option for patients with advanced melanoma (unresectable or metastatic BRAF wild type) who are previously untreated. Patients should have a good performance status and if present stable brain metastases. Treatment duration should continue until unacceptable toxicity or disease progression.
NB	Funded	May 2, 2017	As first line single agent therapy for the treatment of unresectable or metastatic BRAF wild-type melanoma in patients who are previously untreated, with good performance status and, who have stable brain metastases (if present). Treatment should be discontinued upon disease progression or unacceptable toxicity.
NL	Funded	Aug 3, 2017	Patients with unresectable or metastatic BRAF wild-type melanoma who are previously untreated, with good performance status and who have stable brain metastases (if present). Treatment should continue until unacceptable toxicity or disease progression.
PEI	Funded	Aug 1, 2018	As first line single agent treatment for the treatment of unresectable or metastatic BRAF wild-type melanoma in patients who are previously untreated, with good performance status and, who have stable brain metastases (if present).