

## PROVINCIAL FUNDING SUMMARY

Bevacizumab (Avastin) for Platinum-Resistant Ovarian Cancer (pCODR 10066)

pERC Recommendation: Recommends

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

Notification to Implement Issued by pCODR: May 20, 2016

This information is current as of December 3, 2018.

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, 2017	Epithelial ovarian cancer, primary peritoneal, or fallopian tube carcinoma: <ul style="list-style-type: none"> <li>Platinum resistant disease (progression within six months of completing a platinum-containing protocol.</li> <li>Any number of prior lines of treatment.</li> </ul>
AB	Funded	May 8, 2018	Bevacizumab in combination with chemotherapy for the treatment of patients with platinum-resistant recurrent epithelia ovarian, fallopian tube, or primary peritoneal cancer. Patients should have good performance status. Dosing limited to an equivalent of 5mg/kg every week. Not to be used if already received prior anti-angiogenics (including bevacizumab).
SK	Funded	Sept 1, 2017	In combination with Paclitaxel, Topotecan, or pegylated liposomal Doxorubicin (Caelyx®) for the treatment of patients with platinum-resistant recurrent epithelial ovarian, fallopian tube, or primary peritoneal cancer (PROC) who have received no more than two prior anticancer regimens; AND who have good performance status, no contraindications to bevacizumab and whose disease is not primary platinum refractory.
MB	Funded	Sept 1, 2017	Bevacizumab in combination with chemotherapy (either pegylated liposomal doxorubicin, paclitaxel or topotecan) for the treatment of patients with advanced stage recurrent epithelial ovarian, primary peritoneal or fallopian tube cancer AND with disease recurrence within six months after completing a platinum based therapy AND who have received no more than two prior anticancer regimens AND Eastern Cooperative Oncology performance status of 2 or less

PROVINCE	FUNDING STATUS	FUNDING DATE	FUNDING CRITERIA
ON	Funded	Oct 5, 2017	Bevacizumab is used in combination with paclitaxel, topotecan, or pegylated liposomal doxorubicin for the treatment of patients with platinum-resistant recurrent epithelial ovarian, fallopian tube, or primary peritoneal cancer who have received no more than two prior anticancer regimens, and the patient has good performance status, no contraindications to bevacizumab, and the disease is not primary platinum refractory.
NS	Funded	Feb 1, 2018	In combination with paclitaxel, topotecan or pegylated liposomal doxorubicin for the treatment of patients with platinum resistant recurrent epithelial ovarian, fallopian tube or primary peritoneal cancer who have received no more than two prior anticancer regimens, good performance status and whose disease is not primary platinum refractory. Treatment should continue until disease progression or unacceptable toxicity.
NB	Funded	Jan 9, 2018	In combination with chemotherapy (pegylated liposomal doxorubicin, paclitaxel, or topotecan) for the treatment of patients with platinum-resistant recurrent epithelial ovarian, fallopian tube, or primary peritoneal cancer who have received no more than two prior anticancer regimens. Patients should have a good performance status, no contraindications to bevacizumab, and disease that is not primary platinum refractory.
NL	Funded	Aug 11, 2017	In combination with paclitaxel, topotecan, or pegylated liposomal doxorubicin for the treatment of patients with platinum-resistant recurrent epithelial ovarian, fallopian tube, or primary peritoneal cancer who have received no more than two prior anticancer regimens. Patients must have good performance status, no contraindications to bevacizumab, and disease that is not primary platinum refractory.
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.