CADTH | pCODR PAN-CANADIAN ONCOLOGY DRUG REVIEW

PROVINCIAL FUNDING SUMMARY

Olaparib (Lynparza) for Ovarian Cancer (Resubmission) (pCODR pCODR 10103)

pERC Recommendation: Recommends with conditions
For further details, please see pERC Final Recommendation

Notification to Implement Issued by pCODR: October 5, 2017

This information is current as of June 3, 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	Sept 1, 2018	• Platinum-sensitive recurrent ovarian/fallopian tube/peritoneal carcinoma AND partial or complete response to platinum retreatment • Recurrence greater than four months from the last line of platinum-based therapy • High grade serous or endometrioid histology • Two or more prior lines of platinum chemotherapy and in radiologic (complete or partial) response to the most recent platinum based therapy • Germline or somatic BRCA mutation • To be started within 8 weeks of last dose of platinum chemotherapy • ECOG 0-2 • BC Cancer Compassionate Access Program (CAP) approval must be obtained

PROVINCE	FUNDING STATUS	FUNDING DATE	FUNDING CRITERIA
AB	Funded	Sept 4, 2018	Olaparib for treatment as monotherapy maintenance in patients with platinum-sensitive relapsed BRCA-mutated (germline or somatic as detected by approved testing) high grade serous epithelial ovarian, fallopian tube, or primary peritoneal cancer who have completed at least two previous lines of platinum-based chemotherapy and are in radiologic response (complete or partial response) to their most recent platinum-based chemotherapy regimen as per the SOLO-2 trial. Patient must have received at least four cycles of their most recent platinum-based chemotherapy before starting treatment with olaparib. Maintenance therapy should begin within eight weeks of the last dose of platinum-based chemotherapy. Eligible patients should have had platinum-sensitive disease, defined as disease progression having occurred at least six months after completion of platinum-based chemotherapy. Treatment should continue until unacceptable toxicity or disease progression. Funding should be for patients having good performance status
SK	Funded	Nov 15, 2018	As monotherapy maintenance treatment of adult patients who have good performance status with platinum-sensitive relapsed BRCA-mutated (germline or somatic as detected by approved testing) high grade serous epithelial ovarian, fallopian tube, or primary peritoneal cancer who have completed at least 2 previous lines of platinum-based chemotherapy and are in radiologic response (complete or partial response) to their most recent platinum-based chemotherapy regimen as per the SOLO-2 trial.
MB	Funded	Oct 18, 2018	As monotherapy maintenance treatment of adult patients with platinum-sensitive relapsed BRCA-mutated epithelial (germline or somatic as detected by approved testing) high grade serous epithelial ovarian, fallopian tube, or primary peritoneal cancer who have completed at least two previous lines of platinum-based chemotherapy and are in radiologic response (complete or partial response) to their most recent platinum-based chemotherapy regimen as per the SOLO-2 trial. Time-limited need for patients receiving their third or later line of platinum-based chemotherapy.

PROVINCE	FUNDING STATUS	FUNDING DATE	FUNDING CRITERIA
ON	Funded	Aug 20, 2018	For the maintenance treatment of platinum-sensitive, relapsed, BRCA-mutated, high grade serous epithelial ovarian, fallopian tube, or primary peritoneal cancer in adult patients who meet ALL the following criteria: i. Has documented mutation in BRCA1 or BRCA2 genes (germline or somatic detected by an approved testing method); AND ii. Patient has received at least two previous lines of platinum-based chemotherapy in which platinum sensitive disease is demonstrated with one completed treatment course and there is radiologic response (complete or partial) to their most recently completed course of platinum-based chemotherapy in which at least 4 cycles of treatment has been completed prior to initiating olaparib; AND iii. Olaparib is being used as monotherapy for maintenance treatment; AND iv. Olaparib is started within 8 weeks3 of their final dose of platinum-based chemotherapy; AND v. Patient has good performance status.
NS	Funded	Apr 1, 2019	As monotherapy maintenance treatment for patients with platinum-sensitive, relapsed, BRCA-mutated (germline or somatic), high grade serous epithelial ovarian, fallopian tube, or primary peritoneal cancer who have completed at least two previous lines of platinum-based chemotherapy and are in radiologic response (complete or partial) to their most recent platinum-based chemotherapy regimen as per the SOLO-2 trial.

PROVINCE	FUNDING STATUS	FUNDING DATE	FUNDING CRITERIA
NB	Funded	Dec 17, 2018	As monotherapy maintenance treatment for patients with platinum-sensitive relapsed BRCA-mutated (germline or somatic) high grade serous epithelial ovarian, fallopian tube, or primary peritoneal cancer who meet all of the following criteria: - Completed at least two previous lines of platinum-based chemotherapy - Received at least four cycles of the most recent platinum-based chemotherapy regimen - Radiologic response (complete or partial) to the most recent platinum-based chemotherapy regimen. Renewal Criteria: - Written confirmation that the patient has responded to treatment and there is no evidence of disease progression. Clinical Notes: 1. Platinum-sensitive disease is defined as disease progression occurring at least 6 months after completion of platinum-based chemotherapy. 2. Maintenance therapy should begin within 8 weeks of the last dose of platinum-based chemotherapy. 3. Patients must have a good performance status. 4. 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.