CADTH | pCODR PAN-CANADIAN ONCOLOGY DRUG REVIEW

PROVINCIAL FUNDING SUMMARY

Bendamustine hydrochloride (Treanda) for Chronic Lymphocytic Leukemia (first-line)

pERC Recommendation: Recommends with condition on the cost-effectiveness being improved to an acceptable level

For further details, please see pERC Final Recommendation

Notification to Implement Issued by pCODR: March 6, 2013

This information is current as of February 7, 2017. The use of this document is directed by pCODR's Terms of Use.

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	STATUS	DECISION DATE	FUNDING CRITERIA
BC	Funded	Jan 1, 2017	First line therapy of chronic lymphocytic leukemia or small lymphocytic lymphoma. Not medically fit to tolerate fludarabine-based therapy. Symptomatic disease requiring systemic treatment. A Compassionate Access Program (CAP) approval is required prior to the initiation of treatment (please refer to https://cap.phsa.ca/).
AB	Funded	July 18, 2013	For the first line treatment of patients with chronic lymphocytic leukemia (Binet stage B or C and WHO performance status=2) who are not medically fit to tolerate fludarabine based regimens
SK	Funded	April 3, 2013	In combination with Rituximab for patients with CLL/SLL who have a creatinine clearance of 40 mL/min or greater and for whom Fludarabine-based treatment is considered inappropriate and who are either previously untreated (first line), previously treated but have not received any anti-CD20 therapy, or who have received prior anti-CD20 therapy with a treatment free interval of greater than 3 years since the last dose of anti-CD20 therapy As a first line treatment of patients with CLL/SLL as a single agent for a maximum of 6 cycles in patients medically unfit for immune-chemotherapy (e.g. FCR (Fludarabine-Cyclophosphamide-Rituximab), B-R (Bendamustine - Rituximab), or Chlorambucil - Obinutuzumab) Note: single agent therapy is not approved for previously treated patients with relapsed CLL/SLL.

PROVINCE	STATUS	DECISION DATE	FUNDING CRITERIA
MB	Funded	Jan 21, 2014	For the first line treatment of patients: • With Rai Stage III or IV, or symptomatic Rai Stage II Chronic Lymphocytic Leukemia (CLL), AND • With an Eastern Cooperative Oncology Group (ECOG) performance status of 2 or less, AND • With adequate bone marrow, renal, and hepatic function, AND • Not eligible for more intensive therapy (e.g. FCR regimen, or FR regimen).
ON	Funded	May 21, 2013	For the First Line Treatment of Chronic Lymphocytic Leukemia where the patient meets all of the following criteria: - Bendamustine is being used as first line therapy for the chronic lymphocytic leukemia; and - The patient has Binet Stage B or C and a WHO performance status of ≤2 at the recommended dose; and - The patient is not medically fit to tolerate fludarabine-based regimens and could be treated with other options such as chlorambucil. Dosing: Bendamustine 100mg/m2 on Days 1 and 2 within each 28 day cycle to a maximum of 6 cycles. Note: Bendamustine funding is for single agent use only.
NS	Funded	July 10, 2013	As a single agent and first line therapy in patients with Binet Stage B or C and WHO performance status ≤2 at the recommended dose. This recommendation is only applicable to patients who may not be medically fit to tolerate fludarabine-based regimens and who could be treated with other options such as chlorambucil.
NB	Funded	Feb 1, 2014	For the first line treatment of patients with chronic lymphocytic leukemia with Binet stage B or C and WHO performance status of ≤ 2 at the recommended dose and who are not medically fit to tolerate fludarabine-based regimens and could be treated with other options such as chlorambucil.
NL	Funded	Jan 2, 2013	For symptomatic chronic lymphocytic leukemia (CLL) who have received no prior treatment
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.