

## PROVINCIAL FUNDING SUMMARY

### Brentuximab vedotin (Adcetris) for Hodgkin Lymphoma

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: September 16, 2013

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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	Jun 1, 2014	Relapsed after high dose chemotherapy and autologous stem cell transplant or Relapsed after standard ABVC or equivalent treatment in transplant ineligible patients; Disease no longer controlled by involved field radiation, vinblastine, lomustine, gemcitabine and bendamustine
AB	Funded	May 1, 2014	For patients with Hodgkin's Lymphoma who have relapsed disease following autologous stem cell transplant (ASCT) and who have an ECOG performance status of 0 or 1.
SK	Funded	Feb 4, 2014	In patients with Hodgkin lymphoma who have relapsed disease following autologous stem cell transplant (SCT)
MB	Funded	Mar 1, 2014	For the treatment of patients with: <ul style="list-style-type: none"> <li>• Hodgkin lymphoma AND - Confirmed CD 30 antigen positive disease AND</li> <li>• An Eastern Cooperative Oncology Group (ECOG) performance status of 2 or less AND</li> <li>• Relapsed disease following autologous stem cell transplant</li> </ul>

PROVINCE	STATUS	DECISION DATE	FUNDING CRITERIA
ON	Funded	Feb 19, 2014	<p>Brentuximab will be used in patients with Hodgkin's lymphoma who have relapsed disease following autologous stem cell transplant (ASCT) and who have an ECOG performance status of 0 or 1.            Funded Dose: Brentuximab 1.8 mg/kg IV every 3 weeks until disease progression or unacceptable toxicity</p> <p>Notes:</p> <ul style="list-style-type: none"> <li>a. A clinic note confirming relapse post autologous stem cell transplantation and a pathology report confirming CD30+ve Hodgkin's lymphoma must be submitted to CCO prior to the start of treatment.</li> <li>b. Treatments beyond 16 cycles require documentation showing continued evidence of benefit (i.e., a clinic note and CT scan confirming that there is no evidence of disease progression). The documentation can be submitted with the treatment claims.</li> <li>c. Patients who are not candidates for ASCT and who have relapsed disease following at least two prior multi-agent chemotherapies are not eligible for brentuximab funding.</li> <li>d. Use of brentuximab prior to ASCT or as maintenance after ASCT will not be funded.</li> <li>e. As per the manufacturer's product monograph, the maximum dose that can be administered is based on a weight of 100kg.</li> </ul>
NS	Funded	Jan 1, 2015	As a single agent in patients with Hodgkin's Lymphoma who have relapsed disease following autologous stem cell transplant (ASCT) and who have an ECOG performance status (PS) of 0 or 1.
NB	Funded	Oct 1, 2014	For use in patients with CD30 antigen positive Hodgkin Lymphoma who have relapsed disease following autologous stem cell transplant (ASCT) and who have an ECOG performance status of 0 or 1.
NL	Funded	June 25, 2018	Patients with Hodgkin Lymphoma who have relapsed disease following autologous stem cell transplant and who have an ECOG performance status of 0 or 1.
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 Pricing 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.