Dabrafenib-Trametinib for Low-Grade Gliomas

FMEC Responses to Questions From the Drug Programs

Table 1: Response Summary

Drug program implementation questions	Clinical expert response (Clinical experts act as guest specialists for FMEC)	FMEC response
Considerations for initiation of therapy		
Note that testing for *BRAF* V600 mutation may be used in clinical trials. However, testing for *BRAF* V600 mutation may not be funded in all jurisdictions. (It is funded in Ontario.)	This is a comment from the drug plans to inform FMEC deliberations.	FMEC acknowledges this information.
Health Canada–approved indications (LGG and HGG) for dabrafenib in combination with trametinib: • The treatment of pediatric patients 1 year of age and older with LGG with a *BRAF* V600E mutation who require systemic therapy • The treatment of pediatric patients 1 year of age and older with HGG with a *BRAF* V600E mutation who have received at least 1 prior radiation and/or chemotherapy treatment	The clinical experts indicated that both Health Canada–approved indications are populations with unmet needs. Pediatric patients aged 1 year or older with LGG and *BRAF* V600E mutation who require systemic therapy are included in the current review of dabrafenib-trametinib. However, patients aged 1 year or older with HGG and *BRAF* V600E mutation who have been previously treated are considered by the experts to be outside the scope of the current evidence review.	FMEC agrees with the experts.
Special implementation issues		
There are populations that are outside the indication or reimbursement request but are of interest to jurisdictions. The following drug indication has been raised by jurisdictions with unmet needs: Trametinib monotherapy: For second line or greater therapy in LGG with residual or progressive disease with known non-V600 *BRAF* alterations	The clinical experts expressed that they were aware of patients with LGG with residual or progressive disease and with known non-V600 BRAF mutations to be treated with trametinib monotherapy, indicating that there is a phase II study that will be published by clinicians in Canada shortly (the TRAM-01 study). Additionally, the experts pointed out that they were aware of a publication of selumetinib monotherapy (also a MEK inhibitor like trametinib) in second-line treatment of LGG that was	This is outside the scope of the current review.

Drug program implementation questions	Clinical expert response (Clinical experts act as guest specialists for FMEC)	FMEC response
	published in The Lancet Oncology (Selumetinib in Children With BRAF-Aberrant or Neurofibromatosis Type 1-Associated Recurrent, Refractory or Progressive Low-Grade Glioma: a Multi-Center Phase II Trial - PMC).	
While not for the same indication, there are 2 other FMEC reviews (trametinib for LGOC, dabrafenib-trametinib for *BRAF* V600E ATC) using the drugs being reviewed for this current request. There may be opportunities to negotiate the same drugs for these files at the same time.	This is a comment from the drug plans to inform FMEC deliberations.	FMEC acknowledges this information.

ATC = anaplastic thyroid cancer; FMEC = Formulary Management Expert Committee; HGG = high-grade glioma; LGG = low-grade glioma; LGOC = low-grade ovarian cancer.