

PROVINCIAL FUNDING SUMMARY

Blinatumomab (Blincyto) for Acute Lymphoblastic Leukemia (Resubmission) (10097)

pERC Recommendation: Recommends

For further details, please see <u>pERC Final Recommendation</u>

Notification to Implement Issued by pCODR: September 18, 2017

This information is current as of August 1, 2020.

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
ВС	Funded	May 1, 2019	 Adult patients with Philadelphia chromosomenegative (Ph-) pre-B cell acute lymphoblastic leukemia (ALL) Relapsed or refractory after at least one prior line of therapy Refractory to induction and no response to or relapse post salvage chemotherapy Relapse within 12 months of first remission (CR1) and no response to second line or salvage chemotherapy Relapse ≥ 6 months post allo-HSCT; no active GVHD and no immunosuppressive medications ECOG PS: 0-2 Available social support and ability to safely receive blinatumomab via an out-patient pump No clinically relevant CNS pathology or active CNS disease Alkaline Phosphatase, ALT <5 X ULN; Total Bilirubin < 1.5 ULN; Serum creatinine < 1.5 ULN. Prescribed by Leukemia/BMT Program physicians and delivered at Vancouver General Hospital NOTE: A BC Cancer "Compassionate Access Program" request with appropriate clinical information for each patient must be approved prior to treatment (please refer to https://cap.phsa.ca/).
АВ	Under provincial consideration		

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FUNDING STATUS	FUNDING DATE	FUNDING CRITERIA
Funded	May 1, 2019	Treatment of adult patients with Philadelphia chromosome-negative (Ph-) relapsed or refractory B precursor acute lymphoblastic leukemia (ALL); treatment should be for patients with a good performance status and patients may be treated for up to 2 cycles of induction and 3 cycles of consolidation.
Funded	Jun 1, 2019	For adult patients with Philadelphia chromosomenegative (Ph-) relapsed or refractory B precursor acute lymphoblastic leukemia (ALL). Treatment should be for patients with a good performance status and patients may be treated for 2 cycles of induction and 3 cycles of consolidation.
Funded	Jun 12, 2019	For the treatment of adult patients with Philadelphia chromosome-negative (Ph-) relapsed or refractory B precursor acute lymphoblastic leukemia (ALL). Treatment should be for patients with a good performance status. Update (February 25, 2020): Sequencing of blinatumomab and inotuzumab ozogamicin in curative situations for relapsed Ph+ BCP-ALL. Curative situation is defined as a goal to take the patient to transplant if response can be achieved.
Under provincial consideration		
Funded	Nov 1, 2019	For the treatment of adult patients with Philadelphia chromosome negative (Ph-) relapsed or refractory B-cell precursor acute lymphoblastic leukemia. Patients must have a good performance status. Treatment should be discontinued upon disease progression or unacceptable toxicity, up to a maximum of 2 cycles for induction and 3 cycles for consolidation.
Under provincial consideration		
Under provincial consideration		
	Funded Funded Funded Under provincial consideration Funded Under provincial consideration Under provincial consideration	Funded May 1, 2019 Funded Jun 1, 2019 Funded Jun 12, 2019 Under provincial consideration Funded Nov 1, 2019 Under provincial consideration Under provincial consideration 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.