

PROVINCIAL FUNDING SUMMARY

Enzalutamide (Xtandi) for Metastatic Castration Resistant Prostate Cancer (pCODR 10023)

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: August 8, 2013

This information is current as of May 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	STATUS	DECISION DATE	FUNDING CRITERIA
BC	Funded	Dec 1, 2013	mCRPC who have received prior chemotherapy containing docetaxel and have ECOG 0-2. A BCCA Compassionate Access Program request must be approved. Patients may receive abiraterone or enzalutamide or cabazitaxel but sequential use is not provided.
AB	Funded	Dec 19, 2013	Updated Criteria: For the treatment of metastatic castration resistant prostate cancer , May not be used following apalutamide /enzalutamide use in the nmCRPC unless discontinued apalutamide/enzalutamide due to intolerance (without progression).
SK	Funded	Nov 25, 2013	Treatment of symptomatic metastatic castrate resistant prostate cancer in patients with good performance status (ECOG <2) who have progressed on Docetaxel-based chemotherapy or who are not candidates for Docetaxel therapy. Patients are not eligible for Enzalutamide if previously treated with Abiraterone.

PROVINCE	STATUS	DECISION DATE	FUNDING CRITERIA
MB	Funded	Apr 16 2014	<p>For the treatment of patients with:</p> <ul style="list-style-type: none"> • Histologically confirmed Metastatic Castrate-Resistant Prostate Cancer that is asymptomatic or mildly symptomatic, AND • Disease progression after docetaxel, as defined by the Prostate Cancer Working Group (two consecutive increases in PSA concentration OR radiographic evidence of disease progression in soft tissue or bone), AND • An Eastern Cooperative Oncology Group (ECOG) performance status of 2 or less. <p>Exclusion criteria:</p> <ul style="list-style-type: none"> • Risk factor for seizures • Previous treatment with abiraterone (given prior to docetaxel) Enzalutamide may only be prescribed by Genitourinary DSG Medical Oncologists. Disease status must be reassessed every 3 months via PSA and/or radiographic imaging. Further renewal will be granted only if disease response is documented after initial reassessment.
ON	Funded	Oct 10, 2013	<p>For the treatment of patients with metastatic castration-resistant prostate cancer according to the following criteria:</p> <p>Initial approval: For patients with metastatic castration resistant prostate cancer who have progressed on docetaxel-based chemotherapy with an ECOG performance status ≤ 2. For clarity, this means that Xtandi would be an alternative to abiraterone for patients in the post-docetaxel setting but would not be an add-on therapy to abiraterone treatment.</p> <p>The Executive Officer may approve a request to reimburse claims for Xtandi submitted in respect of patients who meet the above criteria and who have initiated therapy with Jevtana or Zytiga during the three months prior to the request for reimbursement and who have not had disease progression.</p> <p>Exclusion criteria:</p> <ul style="list-style-type: none"> • the patient has risk factors for seizures; • the patient is using Xtandi in combination with Jevtana or Zytiga for metastatic castration resistant prostate cancer; • patient is using Xtandi for 1st line metastatic castration resistant prostate cancer.

PROVINCE	STATUS	DECISION DATE	FUNDING CRITERIA
NS	Funded	May 20, 2014	<p>As a single agent treatment option for metastatic CRPC patients with ECOG PS 0-2, no risk for seizures and progression after previous treatment with docetaxel.</p> <p>Enzalutamide would be an alternative to abiraterone for patients in the post-docetaxel setting and not a sequential therapy.</p>
NB	Funded	Dec 19, 2013	<p>For treatment of patients with metastatic castration resistant prostate cancer, who have progressed on docetaxel-based chemotherapy with an ECOG performance status ≤ 2 and no risk factors for seizures and would be an alternative to abiraterone for patients in the post-docetaxel setting but would not be an add-on therapy to abiraterone treatment.</p>
NL	Funded	Feb 4, 2014	<p>For treatment of patients with metastatic castration resistant prostate cancer, who have progressed on docetaxol-based chemotherapy with an ECOG performance status ≤ 2 and no risk factors for seizures and would be an alternative to abiraterone for patients in the post-docetaxol setting but would not be an add-on therapy to abiraterone treatment.</p> <p>Approval Period: 4 months</p> <p>Recommended Dose: 160mg once daily until disease progression or development of unacceptable toxicity requiring discontinuation of enzalutamide</p> <p>Renewals will be considered for patients who do not have evidence of disease progression AND who have not developed unacceptable toxicities that require discontinuation of enzalutamide.</p>
PEI	Funded	Apr 27, 2015	<p>For treatment of patients with metastatic castration resistant prostate cancer who: Have progressed on docetaxel-based chemotherapy with an ECOG performance status ≤ 2 and no risk factors for seizures and would be an alternative to abiraterone for patients and not sequential therapy in this symptomatic post docetaxel chemotherapy setting. Notes: Enzalutamide will not be reimbursed in combination with abiraterone. Use of enzalutamide in the post docetaxel setting is not permitted if previously used in the prechemotherapy setting.</p>