

# Cancer Day for Primary Care New and Upcoming Therapy Registration Process

Presenter: Marc Geirnaert  
BSc Pharm, BCOP, FCAPhO

May 31<sup>st</sup>, 2024

# Presenter Disclosure

- **Faculty / Speaker's name: Marc Geirnaert**
- **Relationships with commercial interests:**
  - None to disclose

# Mitigating Potential Bias

- Not Applicable

# Learning Objectives

At the end of the presentation, learners will be able to :

1. Outline the process for registering new and upcoming cancer therapies.
2. Identify new upcoming drugs or drug combinations for genitourinary cancers in Manitoba

# Home Cancer Drug Program

- Established in April 2012
- Patients who are Manitoba residents and are Pharmacare eligible: patients can be enrolled in Home Cancer Drug Program
- CancerCare Manitoba prescriber completes registration form at time of initial visit
- Patients must have enrolled in Pharmacare in order for the Home Cancer Drug Program to be processed

# Home Cancer Drug Program

- This program is a program within Pharmacare
- Covers eligible oral anti-cancer drugs (meets formulary criteria) and select supportive care agents (i.e. anti-emetics, prednisone)
- It is not deductible based
- Patients who are enrolled and eligible for the Home Cancer Drug Program eligible drug do not pay for the drug

# Provincial Oncology Drug Program (PODP)

- Program covers all Manitoba residents for PODP eligible formulary drugs
- Most drugs covered under the Provincial Oncology Drug Program are administered intravenously (i.e. pembrolizumab, bevacizumab)
- The Provincial Oncology Drug Program covers eligible drugs administered at Community Cancer sites and all Winnipeg outpatient sites

# Restricted formulary definition

- Many of the cancer drugs are expensive
- The new oral drugs can be approximately \$10,000 per month
- Restricted request forms are required for some drugs in order to activate the drug as an eligible benefit on the Home Cancer Drug Program or Provincial Oncology Drug Program

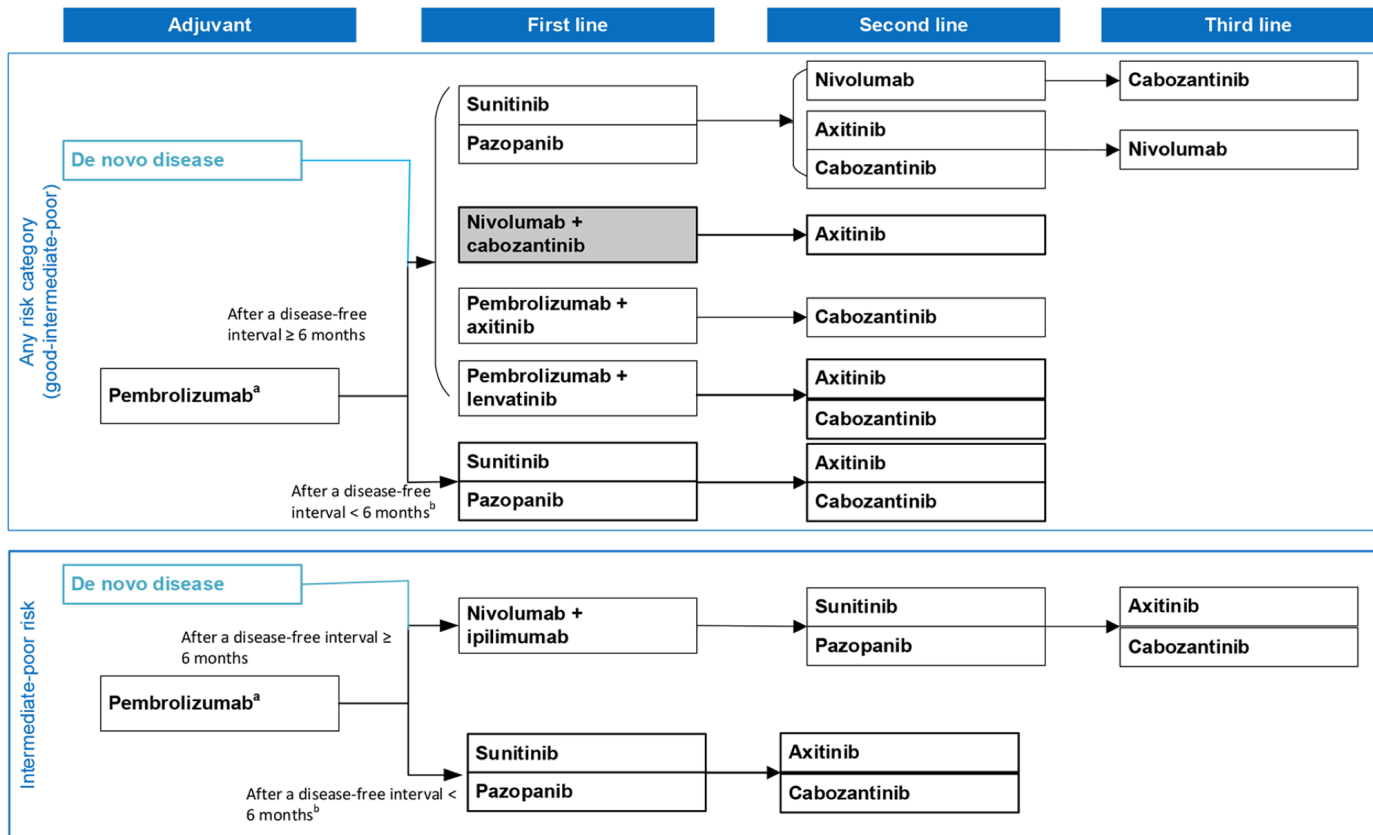


# Nivolumab and Cabozantinib for 1st line treatment of renal cell carcinoma

- Nivolumab IV every 4 weeks (maximum of 2 years)
- Cabozantinib orally daily until disease progression or unacceptable toxicity
- If a patient completes 2 years of nivolumab and cabozantinib therapy, then patient would continue with single agent cabozantinib
- Place in therapy: 1<sup>st</sup> line treatment of metastatic/locally advanced renal cell carcinoma

# Renal Cell Algorithm

Figure 1: Provisional Funding Algorithm Diagram for Renal Cell Carcinoma



## Abiraterone + Docetaxel + Prednisone for metastatic castration risk prostate cancer

- Triplet combination option for metastatic castration sensitive prostate cancer
- Docetaxel is administered IV every 21 days for 6 cycles
- Abiraterone and prednisone are taken orally until disease progression or unacceptable toxicity

# Abiraterone + Prednisone for high risk non-metastatic castration sensitive prostate cancer

- Will be used for high-risk non metastatic prostate cancer (i.e. node positive or node negative with high risk features)
- Maximum = 2 years of therapy

# Olaparib in combination with abiraterone + prednisone for BRCA positive metastatic castration resistant prostate cancer

- This combination will be used in the first line metastatic castration resistant prostate cancer in patients who are BRCA mutation positive
- Patient must not have received prior androgen pathway inhibitor
- Olaparib, abiraterone and prednisone are all taken at home by patient
- Taken until disease progression or unacceptable toxicity

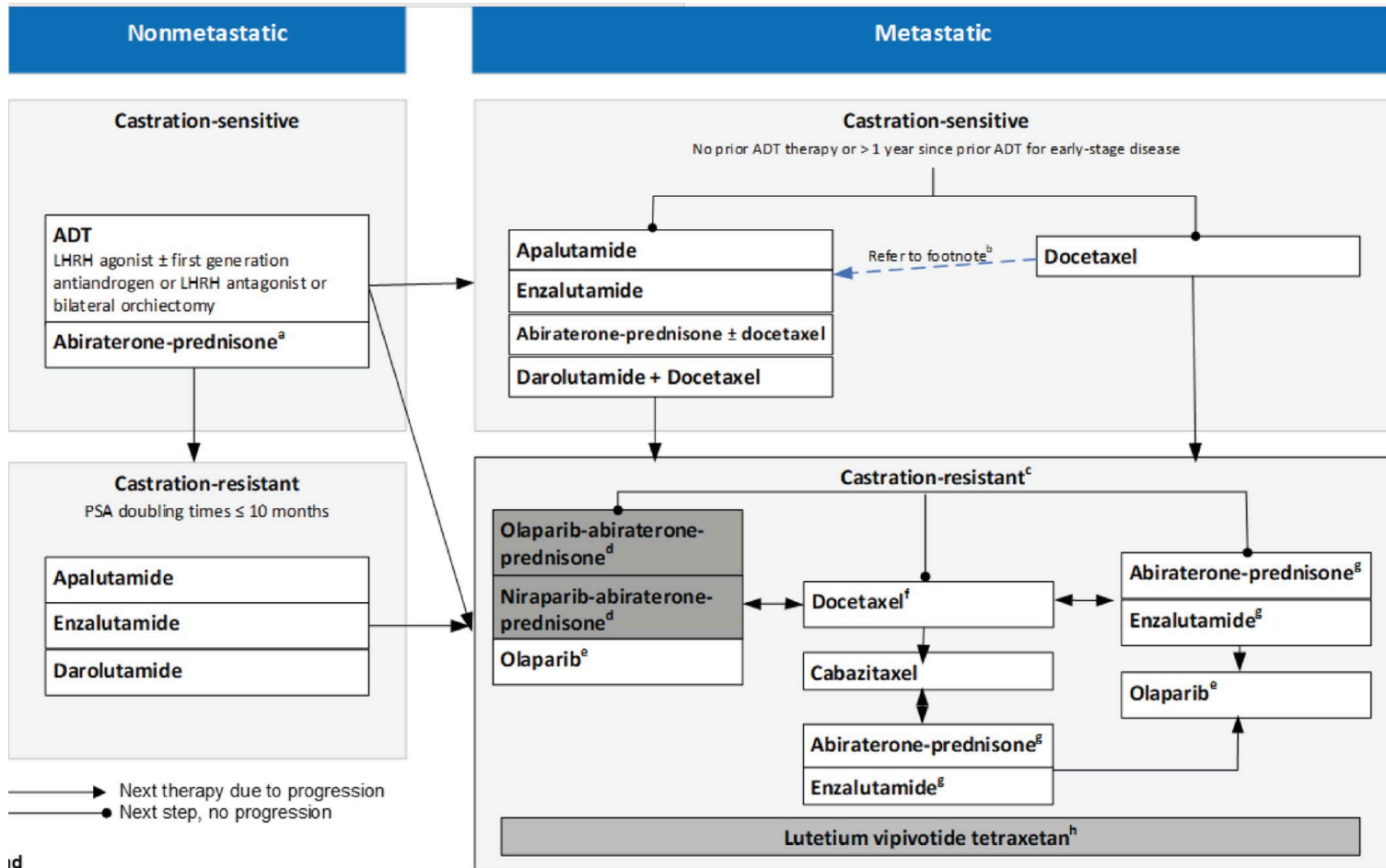
# Niraparib-abiraterone (Akeega<sup>®</sup>) in combination with prednisone for metastatic castration-resistant prostate cancer

- Same indication as Olaparib + abiraterone + prednisone
- Akeega<sup>®</sup> is a combination tablet that has both niraparib and abiraterone together in the same tablet

Lutetium vipivotide tetraxetan (Pluvicto<sup>®</sup>) for metastatic castration resistant prostate cancer

- Radiopharmaceutical that is administered intravenously every 6 weeks up to a maximum of 6 doses
- Administration site: Health Sciences Centre Nuclear Medicine
- Patients must be PSMA positive to be eligible and received prior treatment with a taxane (i.e. docetaxel) and an androgen pathway inhibitor

# Prostate Cancer Algorithm



id

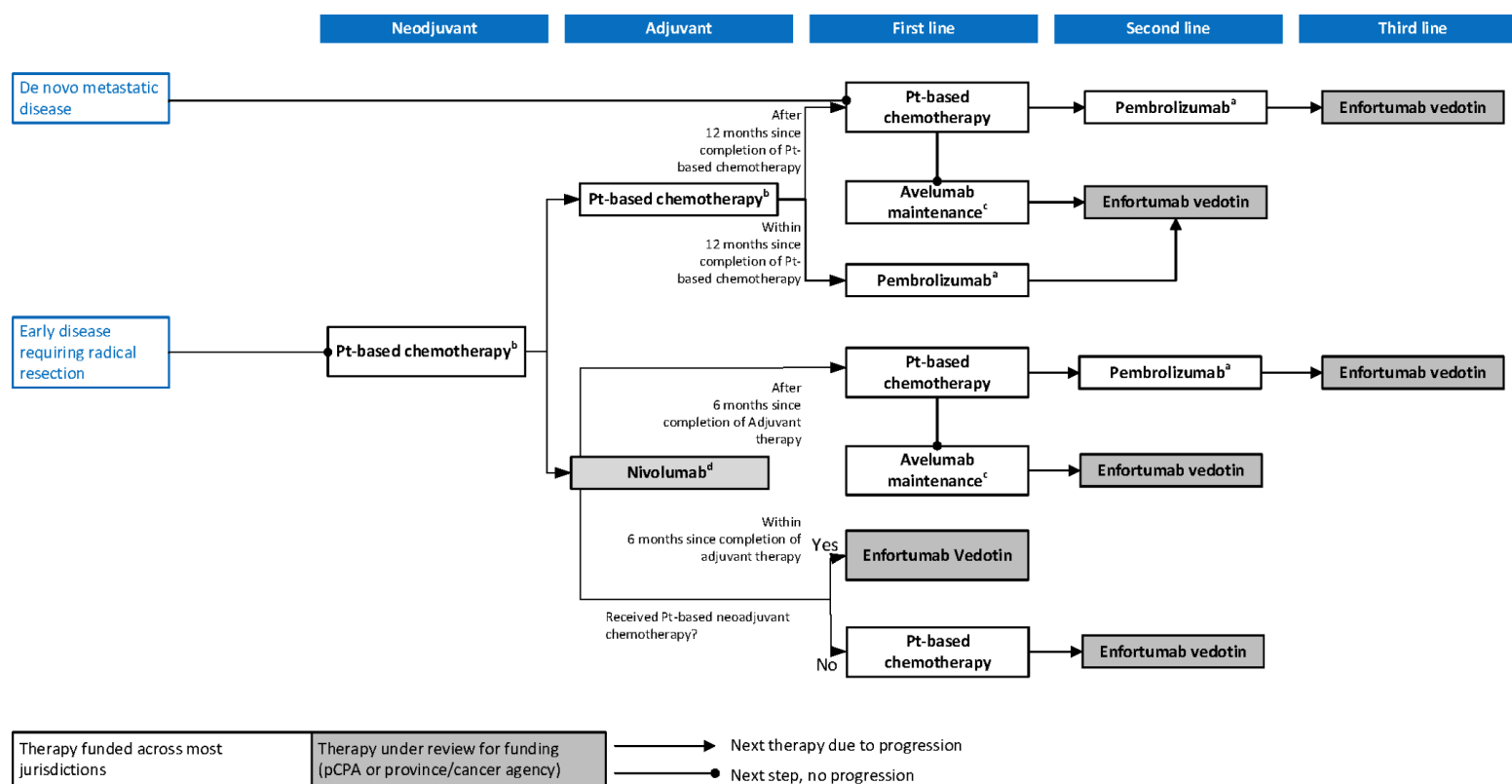


## Pembrolizumab and enfortumab vedotin for 1<sup>st</sup> line metastatic urothelial cancer

- 21 days cycle:
  - Pembrolizumab IV day 1 only
  - Enfortumab vedotin IV days 1 and 8
- Place in therapy: First line locally advanced/metastatic urothelial cancer
- Phase 3 trial showed overall survival benefit

# Urothelial cancer algorithm

Figure 1: Provisional Funding Algorithm Diagram for MUC



# Barriers to Change

- It is important for patients to complete their taxes to be eligible for Home Cancer Drug Program.
- If patients are calling, they should be encouraged to complete their previous year's income tax.

# Take home messages

- The registration for the Home Cancer Drug Program is completed by the CancerCare Manitoba medical oncologist, hematologist, gyne-oncologist, radiation oncologist.
- There are many upcoming treatments that will be emerging for genitourinary cancers.

# References

- Canada's Drug Agency reimbursement reviews:  
[https://www.cadth.ca/search?s=&f%5B0%5D=result\\_type%3Aproject](https://www.cadth.ca/search?s=&f%5B0%5D=result_type%3Aproject)  
(accessed: May 4, 2024)
- Canada's Drug Agency Provisional Funding Algorithms:  
<https://www.cadth.ca/cadth-provisional-funding-algorithms> (accessed: May 4, 2024)
- Powles T, Valderrama BP, Gupta, S. et al. Enfortumab Vedotin and Pembrolizumab in Untreated Advanced Urothelial Cancer. N Engl J Med 2024; 390:875-888.