

Memorandum

TO: Hospitals
Integrated Cancer Programs
Heads of Medical Oncology
Chairs of Disease Site Groups
Vice Presidents, Regional Cancer Services

FROM: Scott Gavura
Director, Provincial Drug Reimbursement Programs

CC: Dr. Leonard Kaizer
Provincial Head, Systemic Treatment Program

DATE: June 10, 2010

SUBJECT: **New Drug Funding Program (NDFP) Update**

- Temsirolimus for Metastatic Renal Cell Carcinoma
- Single Agent Rituximab for Indolent Lymphoma Policy Clarification

**PLEASE DISTRIBUTE TO ALL PHYSICIANS
WHO TREAT CANCER PATIENTS**

1. Temsirolimus for Metastatic Renal Cell Carcinoma

The Ministry of Health and Long-Term Care Ontario Public Drug Programs (MOHLTC OPDP) has announced that it will provide funding for temsirolimus (Torisel[®]) for the treatment of patients with metastatic renal cell carcinoma. This reimbursement decision will be effective **June 14, 2010**.

Clinical Criteria for Use:

- For the first line treatment of patients with poor risk* metastatic renal cell carcinoma, independent of histology.
- Dosing schedule: 25mg intravenously weekly until disease progression

*Poor risk is defined using a modification of criteria from Mekhail *et al* (J Clin Oncol. 2005; 23:832-41). Patients must have at least 3 of the following features: high lactate dehydrogenase (LDH), low hemoglobin, high corrected serum calcium, time from initial diagnosis to first treatment is less than 12 months, poor performance status, and metastases in multiple organ sites.

The Evidence-Based Series #3-8-4 “The Use of Inhibitors of Angiogenesis in Patients with Inoperable Locally Advanced or Metastatic Renal Cell Cancer” recommends the use of temsirolimus “as first-line therapy for patients with poor risk disease, based on a 27% reduction in the risk of death.” The report may be found at the CCO website at the following address:

<http://www.cancercare.on.ca/common/pages/UserFile.aspx?fileId=43557>

The eligibility form is attached and will be available in the CCO website shortly.

Billing Considerations for Temsirolimus:

To be eligible for reimbursement, temsirolimus must be used in the first-line setting. Claims may be subject to post-payment verification/audits.

Your hospital may start billing CCO once the electronic forms (OPIS or ChemoTrac) are available at your site. The reimbursement price for temsirolimus is at **\$50 per mg**. Paper eligibility forms will not be accepted from centres who have billed >\$10,000 for the NDFP in 2009/10. Further details concerning updates will be provided in a future follow-up communication to this memo.

2. Rituximab Single Agent for Indolent Lymphoma Policy Clarification

The “Note” section of the form has been modified to clarify the funding policy:

Single agent rituximab 375mg/m² weekly for 4 weeks. After treatment with single agent rituximab, patients are eligible for retreatment with single agent rituximab if a durable response lasting a minimum of 12 months is achieved. Patients who have previously received rituximab in combination with chemotherapy and/or rituximab maintenance are not eligible for single agent rituximab retreatment.

The updated form is attached and is posted on the CCO website.

If you have any questions regarding the content of this memo please contact Scott Gavura, Director, Provincial Drug Reimbursement Programs at scott.gavura@cancercare.on.ca or Lyndee Yeung, Manager, Provincial Drug Reimbursement Programs at lyndee.yeung@cancercare.on.ca.