BC Cancer Agency
BENEFIT DRUG LIST
as of September 2010

DEFINITIONS:

Class I: Reimbursed for active cancer or approved treatment or approved indication only.

Class II: Reimbursed for approved indications only. Completion of Class II Approval Form is necessary. In addition, where indicated, approval from Tumour Group Chair or delegate is required for reimbursement.

Case-by-case approval: Reimbursed for approved indications only. Completion of the BCCA Compassionate Access Program Application (formerly Undesignated Indication Form) is necessary to provide the appropriate clinical information for each patient.

NOTE:

1. The B.C. Cancer Agency will reimburse, to the Communities Oncology Network hospital pharmacy, the actual acquisition cost of a Benefit Drug, up to the maximum price as determined by the BCCA, based on the current BCHS brand and contract price. Please contact the CON Pharmacist at 1-800-663-3333 or (604) 877-6098 local 6277 for more information.
2. Intrahepatic use of chemotherapy drugs is not reimbursable.
3. For queries regarding other indications not specified, please contact the Chair of the appropriate Tumour Group. (Reference: B.C. Cancer Agency Cancer Management Manual, available on the website at www.bccancer.bc.ca).

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DRUG	DOSAGE FORM	CLASS	APPROVED INDICATIONS/NOTES
acitretin	capsule	I	• reversal of early dysplastic and neoplastic stem changes
aldesleukin	injectable	II	• pediatric patients with high risk neuroblastoma treated on the ANBL0032 study
alemtuzumab	injectable	case-by-case approval	• treatment of fludarabine-refractory B-chronic lymphocytic leukemia (B-CLL) and T-prolymphocytic leukemia (T-PLL) with alemtuzumab
amifostine		II II	• pediatric patients with hepatoblastoma treated on the COG protocol ARAR0331 for childhood nasopharyngeal carcinoma • patients receiving head and neck carcinoma undergoing radical/curative radiotherapy with high dose/large volume radiation including greater than 75% of total parotid glands and radiation dose ≥5000 Gy (HNOTAMIRT)
aminolevulinic acid (LEVULAN® KERASTICK®)	topical solution	I	• topical therapy for skin cancer with PDT (Photodynamic Therapy) (SMPDT)
amsacrine	injectable	I	
anagrelide	capsule	II	• patients with thrombocytosis related to a myeloproliferative disorder who have had an inadequate response to or are intolerant of hydroxyurea and/or interferon (LKANAG)
anastrozole	tablet	I	• first or second line hormonal treatment for advanced breast cancer in postmenopausal women (BRAVANAS) • adjuvant anastrozole for breast cancer in postmenopausal women (BRAJANAS) *Not reimbursed for patients who have progressed on an alternate aromatase inhibitor (NB, may be used by patients who cannot tolerate an alternate aromatase inhibitor).* • hormonal treatment for advanced endometrial cancer in postmenopausal women with contraindications to tamoxifen or intolerant of tamoxifen (GOENDAI)
l-asparaginase (KIDROLASE®)	injectable	I	
l-asparaginase (ERWINIA®)	injectable	I	• patients allergic to Kidrolase (approval from Health Canada Special Access Programme is required for each patient)
l-asparaginase (PEG asparaginase, ONCASPAR®)	injectable	I	• pediatric patients with leukemia or lymphoma (approval from Health Canada Special Access Programme is required for each patient)
azacitidine	injectable	case-by-case approval	• therapy of myelodysplastic syndrome with International Prognostic Scoring System (IPSS) intermediate-2 and high risk, given as 7 consecutive days' regimen (ULKMDSA)
bacillus calmette guerin (BCG)	injectable	I	• malignant melanoma (SMILBCG) • bladder cancer (GUBCG, GUBCGIFN) - the three substrains of BCG available are considered interchangeable by BCCA for the treatment of bladder cancer (i.e., Montreal [PACIS$^{R]}$ 120 mg = TICE [OncoTICE$^{R]}$ 1 to 8 x 10^8 CFU = Connaught [ImmuCyst^{R}] 81 mg) BUT only the current BCHS contract brand is reimbursed at the current contract price

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bevacizumab	injectable	case-by-case approval	• ***first line*** palliative combination chemotherapy for metastatic colorectal cancer using selected chemotherapy regimens (UGIFFIRB, UGICIRB)
bexarotene	capsule	case-by-case approval	• patients with refractory cutaneous T-cell lymphoma (ULYMFBEX). Completion of "Individual Use of Benefit Drug List Medication(s) for an Undesignated Indication" Form is necessary. *Note: approval from Health Canada Special Access Programme is required for each patient.*
bicalutamide	tablet	I	prostate carcinoma patients, at 50 mg po daily. (GUPNSAA) • to block a clinical flare at the initiation of LHRH agonist therapy • second-line hormonal treatment if the patient has not previously received a non-steroid anti-androgen • total androgen blockade of advance prostate cancer *Not reimbursed for vasomotor symptoms (hot flashes)or high dose monotherapy*
bleomycin	injectable	I	*Not reimbursed for pleurodesis.*
bortezomib	injectable	case-by-case approval	• treatment of multiple myeloma (UMYBORTEZ) • in combination with melphalan and prednisone for previously untreated multiple myeloma patients who are unsuitable for stem cell transplantation (UMYMPBOR)
bromocriptine	tablet, capsule	I	• pituitary adenoma and prolactinoma (CNB)
buserelin	injectable long-acting injectable	I	• locally advanced or metastatic prostate adenocarcinoma in patients who decline orchiectomy (GUPLHRH) • locally advanced prostate adenocarcinoma in combination with radiation therapy or brachytherapy (GUPLHRH). • combination therapy with tamoxifen palliative therapy for metastatic breast cancer (BRAVLHRHT) • combination therapy with tamoxifen as adjuvant therapy for breast cancer (BRAJLHRHT) *Not reimbursed for endometriosis.*
busulfan	tablet	I	
	injectable	I	• pediatric patients who cannot swallow oral busulfan • myeloablative conditioning therapy prior to hematopoietic stem cell transplantation for myeloid malignancies (BMTIVBCY)
cabergoline	tablet	I	• second line treatment of pituitary adenoma and prolactinoma (CNCAB)

DRUG	DOSAGE FORM	CLASS	APPROVED INDICATIONS/NOTES
capecitabine	tablet	II	• metastatic breast cancer as first line treatment if anthracyclines and taxanes contraindicated, or where side effect profile and/or treatment delivery concerns favour initial use of BRAVCAP; second or third line treatment of metastatic breast cancer that has previously responded to an anthracycline and taxane (BRAVCAP) • combination with docetaxel as palliative therapy for metastatic breast cancer (BRAVDCAP) • first line palliative therapy of metastatic or unresectable colorectal adenocarcinoma in a patient either not suitable for or refusing GIIRFUFA (GIAVCAP) • adjuvant therapy of colon cancer using capecitabine (GIAJCAP) • combined modality adjuvant therapy for high risk rectal carcinoma using fluorouracil, folinic acid (leucovorin), capecitabine and radiation therapy (GIFURCRT) • combined modality adjuvant therapy for high risk rectal carcinoma using capecitabine, infusional fluorouracil and radiation therapy (GIRINFRT) • combined modality adjuvant therapy for high risk rectal carcinoma using capecitabine and radiation therapy (GIRCRT, replacing GIFURCRT) • adjuvant capecitabine therapy for stage II and III rectal cancer previously treated with preoperative radiotherapy (GIRCAP) • combination with epirubicin and cisplatin for perioperative treatment of resectable adenocarcinoma of the stomach GE junction or lower 1/3 esophagus (GIGECC) • combination with epirubicin and cisplatin for palliative therapy for metastatic or locally advanced gastric or esophagogastric cancer (GIGAVECC) • combination with mitomycin and radiation therapy as curative combined modality therapy for carcinoma of the anal canal (GICART) • combination with cisplatin and radiation therapy as curative combined modality therapy for carcinoma of the anal canal (GICPART)
		case-by-case approval	• combination with trastuzumab and cisplatin as palliative treatment of metastatic or inoperable, locally advanced gastric or gastroesophageal junction adenocarcinoma (UGIGAVCCT)
carboplatin	injectable	I	
carmustine	injectable	I	• topical therapy in cutaneous T-cell lymphoma (LYCARTOP)
cetuximab	injectable	case-by-case approval	• combined radiation treatment for locally advanced squamous cell carcinoma of the head and neck (UHNCETRT) • palliative third line treatment of metastatic colorectal cancer with wild-type KRAS using cetuximab and irinotecan (UGIAVCETIR)
chlorambucil	tablet	I	
cisplatin	injectable	I	
cladribine	injectable	I	• hairy cell leukemia (LYCDA)
clodronate	capsule injectable	II II	• bony metastases associated with breast cancer (BRAVCLOD) • bony metastases associated with breast cancer for patients who do not tolerate oral clodronate (BRAVCLOD). • acute bone pain secondary to metastatic breast cancer (BRAVCLOD) *Not reimbursed for hypercalcemia*

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cortisone	tablet	I	
cyclophosphamide	tablet, injectable	I	
cyclosporine	capsule	II	• cytopenias associated with lymphoproliferative disorder of large granular lymphocytes (LYCSPA).
cyproterone	tablet	I	*Not reimbursed for total androgen blockade or vasomotor symptoms (hot flashes)*
cytarabine	injectable	I	
dacarbazine	injectable	I	
dactinomycin	injectable	I	
dasatinib	tablet	case-by-case approval	• chronic myeloid leukemia and Ph+ acute lymphoblastic leukemia (ULKCMLD)
daunorubicin	injectable	I	
degarelix	injectable	I	• therapy for prostate cancer using LHRH antagonist (GUPLHRHA)
dexamethasone	tablet injectable	I I	Approved for active treatment of cancers, including SCDEXA: • patients with primary or metastatic disease exhibiting cerebral edema or CNS swelling. • management of malignant brain tumours • management of CNS lymphoma *Not reimbursed for:* • *anti-emetic treatment.* • *steroid replacement therapy.* • *pre-taxane use.* • *appetite stimulation.*
dexrazoxane	injectable	II	pediatric patients with • osteosarcoma treated on the COG AOST0331 study • relapsed CD22-positive acute lymphoblastic leukemia on the COG protocol ADVL04P2

DRUG	DOSAGE FORM	CLASS	APPROVED INDICATIONS/NOTES
docetaxel	injectable	II	Approved for use ONLY in: • progressive, symptomatic breast cancer after adjuvant anthracycline-based chemotherapy (BRAVDOC) • second or third line treatment of metastatic breast cancer after previous combination chemotherapy with an anthracycline in a patient who has an ECOG performance status of less than or equal to 2 and a life expectancy greater than 3 months(BRAVDOC). • progressive breast cancer after failure of previous combination chemotherapy in a patient for whom anthracyclines are contraindicated and who has an ECOG performance status of less than or equal to 2 and a life expectancy greater than 3 months (BRAVDOC). For these indications, physician may choose between docetaxel and paclitaxel. Only one taxane will be reimbursed and for a lifetime maximum of 6 cycles. If there are compelling clinical reasons to recommend more cycles of a taxane, an "Individual Use of Benefit Drug List Medication(s) for an Undesignated Indication" approval is required. • combination with capecitabine as palliative therapy for metastatic breast cancer (BRAVDCAP) • weekly docetaxel regimen for metastatic breast cancer patients with poor tolerance to 3-weekly docetaxel regimen (BRAVDOC) or high doses of dexamethasone used in BRAVDOC (BRAVDOC7) • palliative therapy for metastatic hormone refractory prostate cancer (GUPDOC) • second line treatment of non-small cell lung cancer (LUDOC) • treatment of primarily advanced or recurrent endometrial cancer using carboplatin and docetaxel (GOENDCAD)† • primary treatment of invasive epithelial ovarian, fallopian tube and primary peritoneal cancer, with no visible residual tumour (moderate-high risk) (GOOVCADM)† • second line treatment using docetaxel and carboplatin for epithelial ovarian cancer relapsing after primary treatment (GOOVCADR)† • primary treatment of visible residual (extreme risk) invasive epithelial ovarian cancer (GOOVCADX)† • treatment of progressive, platinum-refractory epithelial ovarian carcinoma, primary peritoneal (GOOVDOC)† • combination with carboplatin as primary treatment of advanced/recurrent non-small cell cancer of the cervix in ambulatory care settings (GOCXCAD)† († Note: A maximum of 6 cycles of taxane treatment will be reimbursed for each line of therapy. See specific protocols for more details.) • combination with doxorubicin and cyclophosphamide as treatment of locally advanced breast cancer (BRLAACD) • combination with cisplatin as first line treatment of advanced non-small lung cancer (LUAVDC) • with trastuzumab as first-line treatment for advanced breast cancer refractory to anthracycline adjuvant chemotherapy (BRAVTRAD) • treatment of locally advanced breast cancer using doxorubicin and cyclophosphamide followed by docetaxel (Taxotere®) and trastuzumab (BRLAACDT) • adjuvant therapy for breast cancer using fluorouracil, epirubicin and cyclophosphamide and docetaxel (BRAJFECD) • adjuvant therapy for breast cancer using cyclophosphamide, doxorubicin and docetaxel (BRAJDAC) • palliative therapy for metastatic breast cancer using gemcitabine and docetaxel (BRAVGEMD)

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docetaxel (cont'd)	injectable	II	• adjuvant therapy for breast cancer using docetaxel and trastuzumab, and fluorouracil, epirubicin and cyclophosphamide (BRAJDTFEC) • adjuvant treatment for high-risk node negative or node positive patients who are not considered candidates for a standard 6-8 cycle anthracycline or anthracycline plus taxane regimen (BRAJDC) • combination with gemcitabine for advanced or recurrent uterine sarcoma cancer (GOSADG) • combination with gemcitabine as second or third line therapy for soft tissue sarcomas (SAAVGEMD)*
doxorubicin	Injectable	I	*Not reimbursed for bladder instillations.* Not reimbursed for solution or prefilled syringe formats (Pharmacia)
doxorubicin – pegylated liposomaL (CAELYX®)	injectable	II	Approved for use ONLY in: • Kaposi's sarcoma (KSLDO) • treatment of relapsed/progressing, epithelial ovarian, primary peritoneal or fallopian tube carcinoma (GOOVLDOX)
erlotinib	tablet	II	Approved for use ONLY in patients with advanced non-small cell lung cancer (LUAVERL) as: • second-line monotherapy in patients not eligible for or unable to tolerate second-line chemotherapy, or • third-line monotherapy for disease progression after first- and second-line chemotherapy *Note. Patients must have **progressive disease** on or after first- or second-line therapy. Maintenance erlotinib is inappropriate and does not improve survival. It is explicitly not approved by the Systemic Therapy Program. Patients should also not switch over between gefitinib (ULUAVGEF) and erlotinib.* *For first-line therapy, or indications other than the above, BC Cancer Agency Compassionate Access Program (CAP) approval must be obtained*
epirubicin	injectable	I	
estramustine	capsule	I	Approved for use ONLY in hormone-independent prostate cancer (GUEMCYT).
etoposide	capsule, injectable	I	
exemestane	tablet	I	• first or second line hormonal treatment for advanced breast cancer in postmenopausal women (BRAVEXE) • adjuvant exemestane for breast cancer in postmenopausal women (BRAJEXE) • hormonal treatment for advanced endometrial cancer in postmenopausal women with contraindications to tamoxifen or intolerant of tamoxifen (GOENDAI)
fludarabine	injectable tablet	I I	Approved for use ONLY in • chronic lymphocytic leukemia or low grade lymphoma (LYFLU) • pediatric patients with AML treated on the CCG-2961 study • in combination with rituximab for treatment of chronic lymphocytic leukemia or prolymphocytic leukemia (LYFLUDR)

DRUG	DOSAGE FORM	CLASS	APPROVED INDICATIONS/NOTES
fludrocortisone	tablet	I	Approved for use ONLY in mineralocorticoid deficiency associated with mitotane use.
5-fluorouracil	injectable topical cream	I	
flutamide	tablet	I	prostate carcinoma patients (GUPNSAA) • to block a clinical flare at the initiation of LHRH agonist therapy • second-line hormonal treatment if the patient has not previously received a non-steroid anti-androgen • total androgen blockade of advance prostate cancer *Not reimbursed for vasomotor symptoms (hot flashes)*
gefitinib	tablet	case-by-case approval	patients currently responding to gefitinib as • third-line monotherapy for progressive advanced non-small cell lung cancer and ambulatory performance status (ULUAVGEF)

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DRUG	DOSAGE FORM	CLASS	APPROVED INDICATIONS/NOTES
gemcitabine	injectable	II	Approved for use ONLY in • unresectable or metastatic pancreatic adenocarcinoma in patients with a performance status 0-2 (GIPGEM) • combination with cisplatin for advanced transitional cell carcinoma of the bladder (GUAVPG) • alternative to topotecan (GOOVTOP) as palliative chemotherapy for re-treatment of ovarian, tubal, and peritoneal cancer (GOOVGEM) (Note: patient will be reimbursed for either topotecan or gemcitabine, but not both) • combination with dexamethasone and cisplatin for relapsed aggressive non-Hodgkin's lymphomas (LYGDP) • palliative chemotherapy of lymphomas (LYPALL) • combination with cisplatin or carboplatin as treatment of advanced non-small cell lung cancer (LUAVPG) • treatment of malignant mesothelioma with platinum and gemcitabine (LUMMPG) • treatment of advanced ovarian cancer in patients who have progressed or recurred following first-line platinum-based treatment using carboplatin and gemcitabine (GOOVCAG) • treatment of metastatic breast cancer using gemcitabine and paclitaxel (BRAVGEMT) • treatment of loco-regionally recurrent and/or metastatic nasopharyngeal cancer with gemcitabine (HNNAVGEM) • treatment of local-regionally recurrent and/or metastatic nasopharyngeal cancer with cisplatin and gemcitabine (HNNAVPG) • palliative therapy for metastatic breast cancer using gemcitabine and docetaxel (BRAVGEMD) • palliative therapy for metastatic breast cancer using gemcitabine (BRAVGEM) • adjuvant chemotherapy for pancreatic adenocarcinoma using gemcitabine (GIPAJGEM) • first-line palliative chemotherapy for advanced gallbladder cancer and cholangiocarcinoma using gemcitabine and cisplatin (GIAVPG) • combination with docetaxel for advanced or recurrent uterine sarcoma cancer (GOSADG) • as induction treatment of locally advanced nasopharyngeal cancer with cisplatin and gemcitabine (HNNLAPG) • as palliative therapy for metastatic breast cancer using cisplatin and gemcitabine (BRAVGEMP)* • combination with docetaxel as second or third line therapy for soft tissue sarcomas (SAAVGEMD)*
		case-by-case approval	• combination palliative therapy with paclitaxel in patients with relapsed, cisplatin-refractory germ cell cancers not amenable to cure with surgery or chemotherapy (patients relapsed after BMT are potentially eligible) (UGUTAXGEM).

DRUG	DOSAGE FORM	CLASS	APPROVED INDICATIONS/NOTES
goserelin	injectable long-acting injectable	I	• locally advanced or metastatic prostate adenocarcinoma in patients who decline orchiectomy (GUPLHRH) • locally advanced prostate adenocarcinoma in combination with radiation therapy or brachytherapy (GUPLHRH). • combination therapy with tamoxifen palliative therapy for metastatic breast cancer (BRAVLHRHT) • combination therapy with tamoxifen as adjuvant therapy for breast cancer (BRAJLHRHT) *Not reimbursed for endometriosis.*
hydrocortisone	tablet	I	
hydroxyurea	capsule	I	
ibritumomab	injectable	II	• palliative therapy for lymphoma using radioimmunotherapy: rituximab-priming for ibritumomab ^{90}Y (Zevalin) (LYRITZ) *(Note: only funded when prescribed by the BC Cancer Agency radiation oncologists)*
idarubicin	injectable	I	
ifosfamide	injectable	I	
imatinib (GLEEVEC®)	capsule/tablet	II	• advanced C-kit positive gastrointestinal stromal cell tumours (SAAVGI) • therapy for chronic myeloid leukaemia and Ph+ acute lymphoblastic leukemia (LKCMLI) • pediatric patients with Philadelphia chromosome positive acute lymphoblastic leukemia • advanced c-kit positive gastrointestinal stromal cell tumors using 800 mg dosing of imatinib (SAAVGIDD) • adjuvant therapy of C-Kit positive high risk gastrointestinal stromal cell tumours (SAAJGI)
interferon alfa	injectable eye drops	I	• basal cell carcinoma • chronic myelogenous leukemia (CGL) or (CML) (CMLIFNCYT) • lymphoproliferative disease • myeloproliferative disease • post-bone marrow transplantation • metastatic renal cell carcinoma in patients with the following characteristics: performance status 0-1; disease evaluable for response (GUKIFN) • multiple myeloma • adjuvant therapy of melanoma patients with palpable lymph nodes or fully resected recurrent disease in lymph nodes (SMAJIFN) • lymphoma palliative chemotherapy (LYPALL) • palliative therapy for BCG-refractory superficial high-grade transitional cell carcinoma bladder with BCG and interferon bladder cancer (GUBCGIFN) • eye drops as topical therapy for ocular malignancies (OCIFN) *Not reimbursed for hepatitis, Kaposi's Sarcoma.*

DRUG	DOSAGE FORM	CLASS	APPROVED INDICATIONS/NOTES
irinotecan	injectable	II	• palliative chemotherapy for metastatic colorectal cancer using irinotecan (GIIR) • palliative therapy for metastatic colorectal cancer in patients who may not tolerate the 3-weekly irinotecan schedule of GIIR (GIIRINALT) • combination with fluorouracil folinic acid (leucovorin) as palliative chemotherapy for locally advanced, locally recurrent or metastatic colorectal adenocarcinoma, not curable with surgery or radiation (GIFOLFIRI) • second line palliative combination chemotherapy for metastatic gastric or esophageal adenocarcinoma using irinotecan, fluorouracil and folinic acid (leucovorin) (GIGFOLFIRI) *Note: only a lifetime maximum of 6 cycles will be reimbursed* • pediatric patients treated on the COG protocol ARST0531 for intermediate-risk rhabdomyosarcoma. • pediatric patients with recurrent pediatric neuroblastoma treated on the COG protocol ANBL0421 • pediatric patients with high risk renal tumors treated on the COG protocol AREN0321 pediatric patients with high risk rhabdomyosarcoma treated on the COG protocol ARSTO431
		case-by-case approval	• palliative third line treatment of metastatic colorectal cancer with wild-type KRAS using cetuximab and irinotecan (UGIAVCETIR)
isotretinoin (ACCUTANE™)	capsule	I	Approved for use ONLY in pediatric patients with • high risk neuroblastoma • treated on the COG protocol ACNS0332 for above average risk medulloblastoma/PNE
lenalidomide	capsule	case-by-case	• therapy of myelodysplastic syndrome using lenalidomide (ULKMDSL) • second or third line treatment of relapsed or refractory multiple myeloma using lenalidomide and dexamethasone (UMYLENDEX)
letrozole	tablet	I	• first or second line hormonal treatment for advanced breast cancer in postmenopausal women (BRAVLET) • adjuvant letrozole for breast cancer in postmenopausal women (BRAJLET) *Not reimbursed for patients who have progressed on an alternate aromatase inhibitor (NB, may be used by patients who cannot tolerate an alternate aromatase inhibitor).* • hormonal treatment for advanced endometrial cancer in postmenopausal women with contraindications to tamoxifen or intolerant of tamoxifen (GOENDAI)
leucovorin calcium	tablet, injectable, eye drops	I	

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leuprolide	injectable long-acting injectable	I	• locally advanced or metastatic prostate adenocarcinoma in patients who decline orchiectomy (GUPLHRH) • locally advanced prostate adenocarcinoma in combination with radiation therapy or brachytherapy (GUPLHRH). • combination therapy with tamoxifen palliative therapy for metastatic breast cancer (BRAVLHRHT) • combination therapy with tamoxifen as adjuvant therapy for breast cancer (BRAJLHRHT) *Leuprolide acetate IM (LUPRON®) and SC (ELIGARD®) injectables are both reimbursable for prostate cancer indications (GUPLHRH)* *Not reimbursed for endometriosis.*
lomustine	capsule	I	
mechlorethamine	injectable	I	
medroxyprogesterone	tablet injectable	I	Approved for use ONLY as palliative treatment of advanced endometrial cancer. *Not reimbursed for appetite stimulation or replacement therapy.*
megestrol	tablet	I	• breast cancer • prostate cancer • endometrial cancer *Not reimbursed for appetite stimulation or symptom management.*
melphalan	tablet, injectable	I	
6-mercaptopurine	tablet	I	
mesna	injectable	I	Approved for use ONLY as an uro-protector for ifosfamide or high dose cyclophosphamide.
methotrexate	tablet, injectable	I	*Not reimbursed for rheumatoid arthritis, psoriasis.*
methyl aminolevulinate (METVIX®)	topical cream	I	• topical therapy for skin cancer with PDT (Photodynamic Therapy) (SMPDT)
methyltestosterone	tablet	I	
mitomycin	injectable eye drops	I	Including intravesical use for bladder cancer • eye drops as topical therapy for ocular malignancies (OCMITO)
mitotane	tablet	I	
mitoxantrone	injectable	I	
nilotinib	tablet	case-by-case approval	• treatment of chronic myeloid leukemia and Ph+ acute lymphoblastic leukemia using nilotinib (ULKCMLN)
nilutamide	tablet	II	• prostate carcinoma patients who are intolerant to bicalutamide or flutamide, at 150 mg po daily (GUPNSAA). *Not reimbursed for total androgen blockade or vasomotor symptoms (hot flashes)*

DRUG	DOSAGE FORM	CLASS	APPROVED INDICATIONS/NOTES
octreotide	injectable long-acting injectable	I	Approved for use ONLY in • growth hormone (GH) secreting pituitary tumours meeting all the following criteria: a. not cured by surgical procedure b. having persistent GH metabolic symptoms c. age less than 60 d. do not respond to bromocriptine e. do respond to somatostatin challenge
		II	Approved for use ONLY in • carcinoid syndrome and GI endocrine tumour (GIOCTLAR) • VIPoma (vasoactive intestinal peptide)
oxaliplatin	injectable	case-by-case approval	Approved for use ONLY in • palliative combination chemotherapy for metastatic colorectal cancer with 5-fluorouracil and folinic acid (UGIFOLFOX) • palliative combination chemotherapy for metastatic colorectal cancer with capecitabine (UGICAPOX) • adjuvant combination chemotherapy for stage III and IIB colon cancer with 5-fluorouracil and folinic acid (UGIAJFFOX)* • adjuvant combination chemotherapy for stage III rectal cancer with 5-fluorouracil and folinic acid (UGIRAJFFOX)

DRUG	DOSAGE FORM	CLASS	APPROVED INDICATIONS/NOTES
paclitaxel **(also see "trastuzumab" for combination use of paclitaxel with trastuzumab)**	injectable	I	Approved for use ONLY in: • progressive, symptomatic breast cancer after adjuvant anthracycline-based chemotherapy (BRAVTAX) • 2nd or 3rd line treatment of metastatic breast cancer after previous combination chemotherapy with an anthracycline in a patient who has an ECOG performance status of less than or equal to 2 and a life expectancy greater than 3 months (BRAVTAX) • progressive breast cancer after failure of previous combination chemotherapy in a patient for whom anthracyclines are contraindicated and who has an ECOG performance status of less than or equal to 2 and a life expectancy greater than 3 months (BRAVTAX) • with paclitaxel as first-line treatment for advanced breast cancer refractory to anthracycline adjuvant chemotherapy (BRAVTRAP) • adjuvant therapy for breast cancer using doxorubicin and cyclophosphamide followed by paclitaxel (BRAJACT) • combination with paclitaxel and carboplatin as palliative therapy for metastatic breast cancer as first-line treatment for recurrent breast cancer refractory to anthracycline chemotherapy (BRAVTPC) • sequential combination in combination with doxorubicin and cyclophosphamide as adjuvant therapy for breast cancer using dose dense therapy (BRAJACTG) • adjuvant therapy for breast cancer using doxorubicin and cyclophosphamide followed by paclitaxel and trastuzumab (BRAJACTT) • adjuvant therapy for breast cancer using dose dense therapy: doxorubicin and cyclophosphamide followed by paclitaxel and trastuzumab (BRJACTTG) • treatment of locally advanced breast cancer using doxorubicin and cyclophosphamide followed by docetaxel (Taxotere®) and trastuzumab (BRLAACDT) • treatment of metastatic breast cancer using gemcitabine and paclitaxel (BRAVGEMT) *For breast cancer indications, physician may choose between docetaxel and paclitaxel. Only one taxane will be reimbursed and for a lifetime maximum of 6 cycles.* If there are compelling clinical reasons to recommend more cycles of a taxane, the form "Individual Use of Benefit Drug List Medication(s) for an Undesignated Indication" must be submitted to the Provincial Systemic Program Leader and signed by the Tumour Group Chair or senior medical oncologist in the Tumour Group.

DRUG	DOSAGE FORM	CLASS	APPROVED INDICATIONS/NOTES
paclitaxel (cont'd) **(also see "trastuzumab" for combination use of paclitaxel with trastuzumab)**			• progressive, platinum-refractory ovarian carcinoma, primary peritoneal carcinoma or fallopian tube carcinoma (GOOVTAX3) • primary treatment of visible residual (extreme risk) invasive epithelial ovarian cancer (GOOVCATX) • primary treatment of invasive epithelial ovarian, fallopian tube and primary peritoneal cancer, with no visible residual tumour (moderate-high risk) (GOOVCATM) • primarily advanced or recurrent endometrial cancer (GOENDCAT) • primary management of any gynecologic small cell cancer as part of a combined modality regimen (GOSMCCRT) • ovarian cancer relapsing after complete remission of at least 4 months' duration in response to primary treatment with carboplatin and paclitaxel (GOOVCATR) • combination with carboplatin as primary treatment of advanced/recurrent non-small cell cancer of the cervix in ambulatory care settings (GOCXCAT) (Note: Physician may choose between paclitaxel [GOCXCAT] and docetaxel [GOCXCAD]. A lifetime maximum of 6 cycles of taxane treatment will be reimbursed.) • combination with carboplatin as first line treatment of advanced non-small cell lung cancer (LUAVPC) • adjuvant carboplatin and paclitaxel following resection of stage I, II and IIIA non-small cell lung cancer (LUAJPC) • primary treatment of cancer of unknown primary origin using carboplatin and paclitaxel (PUCAT) • primary treatment of stage III less than or equal to 1 cm visible residual invasive epithelial ovarian cancer using intravenous and intraperitoneal paclitaxel and intraperitoneal carboplatin (GOOVIPPC) • treatment of recurrent or resistant pediatric malignant germ cell tumors with paclitaxel, ifosfamide and carboplatin (COG protocol AGCT0521)
		case-by-case approval	Approved for use ONLY in • combination palliative therapy with gemcitabine in patients with relapsed, cisplatin-refractory germ cell cancers not amenable to cure with surgery or chemotherapy (patients relapsed after BMT are potentially eligible (UGUTAXGEM) *Note: BC Cancer Agency Compassionate Access Program (CAP) approval must be obtained*
paclitaxel-nab (ABRAXANE®)	injectable	II	• palliative therapy for metastatic breast cancer (BRAVABR)
pamidronate	injectable	II	Approved for use ONLY in • multiple myeloma (MYPAM) • bony metastases associated with breast cancer for patients who do not tolerate oral clodronate (BRAVCLOD) • acute bone pain secondary to metastatic breast cancer (BRAVPAM) *Not reimbursed for hypercalcemia*
panitumumab	injectable	case-by-case approval	• palliative third-line treatment of metastatic colorectal cancer using panitumumab with wild type KRAS (UGIAVPANI)

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DRUG	DOSAGE FORM	CLASS	APPROVED INDICATIONS/NOTES
pemetrexed	injectable	II	Approved for use ONLY in • treatment of malignant mesothelioma with platinum and pemetrexed (LUMMPP) • second-line treatment of advanced non-small cell lung cancer (LUAVPEM)
porfimer (PHOTOFRIN®)	injectable	case-by-case approval	as part of the photodynamic therapy in patients with high-grade dysplasia associated with Barrett's esophagus, and who are not candidates for surgery
prednisolone	suspension	I	Approved for use ONLY in pediatric patients.
prednisone	tablet	I	
procarbazine	capsule	I	
quinagolide	tablet	I	• as second line suppressive therapy for prolactinomas (CNQUIN)
raltitrexed	injectable	II	• unresectable or metastatic colorectal adenocarcinoma for patients with previous fluorouracil toxicity (GIRALT)
rituximab	injectable	II	• as a single agent in follicular lymphoma progressive despite alkylating agents and purine analogues (fludarabine or cladribine) (LYRITUX) • as a single agent in post-transplant lymphoproliferative disease (LYRITUX) • in combination with CHOP (cyclophosphamide, doxorubicin, prednisone, vincristine), in all stages of newly diagnosed diffuse large B-cell lymphoma and mantle cell lymphoma, advanced stage at diagnosis (LYCHOPR) • combination with CVP for advanced stage indolent lymphoma at diagnosis (LYCVPR) • in combination with fludarabine for treatment of chronic lymphocytic leukemia or prolymphocytic leukemia (LYFLUDR) • treatment of Burkitt's lymphoma and leukemia (ALL-L3) with cyclophosphamide, vincristine, doxorubicin, methotrexate, leucovorin (CODOX-M) and rituximab • treatment of Burkitt's lymphoma and leukemia (ALL-L3) with ifosfamide, mesna, etoposide, cytarabine (IVAC) and rituximab • treatment of primary intracerebral lymphoma with high dose methotrexate and rituximab • pediatric patients treated on the COG protocols ANHL0221 for CD20 positive post-transplant lymphoproliferative disease following solid organ transplantation and ANHL01P1 for newly diagnosed advanced B-cell leukemia/lymphoma
sorafenib	tablet	case-by-case approval	• palliative therapy for renal cell carcinoma in patients after cytokine failure (UGUSORAF) • sorafenib therapy for advanced hepatocellular carcinoma (UGISORAF)
sunitinb	capsule	case-by-case approval	• palliative therapy for renal cell carcinoma in patients who are no suitable candidates for interferon (UGUSUNI) • second line treatment of advanced c-kit positive gastrointestinal stromal cell tumours (GIST's) after imatinib using sunitinib (SUTENT®) (USAAVGS)
streptozocin	injectable	I	

BC Cancer Agency
BENEFIT DRUG LIST
as of September 2010

DRUG	DOSAGE FORM	CLASS	APPROVED INDICATIONS/NOTES
tamoxifen	tablet	I	• adjuvant therapy for invasive breast cancer for five years; subsequent treatment will not be reimbursed (BRAJTAM) • all other breast indications, tamoxifen is used indefinitely (BRAVTAM) • endometrial cancer • gliomas (CNTAM, CNTAMCAR) • pancreatic carcinoma in postmenopausal women • recurrent or metastatic melanoma (SMTAM) • recurrent desmoid tumors/aggressive fibromatosis (SATAM) • combination therapy with goserelin as adjuvant therapy for breast cancer (BRAJLHRHT)
temozolomide	capsule	II	• recurrent malignant gliomas (CNTEMOZ) • pediatric patients with brain tumours • low grade oligodendrogliomas (CNTEMOZ) • concomitant and adjuvant temozolomide for newly diagnosed malignant gliomas with radiation (CNAJTZRT) • pediatric patients treated on the COG protocol ANBL0421 for recurrent neuroblastoma • palliative therapy for malignant melanoma with brain metastases when other treatment modalities are not advisable (SMAVTMZ)
temsirolimus	injectable	case-by-case approval	• therapy for advanced renal cancer using temsirolimus (UGUTEM)
teniposide	injectable	I	
testosterone	injectable	I	*Not reimbursed for symptom management or appetite stimulation*.
thalidomide	capsule		*deleted on 1 July 2006* *please apply via Undesignated Indication Request (protocol UMYTHALID)* To access thalidomide, see flowchart at: www.bccancer.bc.ca/HPI/ChemotherapyProtocols/Forms
6-thioguanine	tablet	I	
thiotepa	injectable	I	
thyrotropin alfa	injectable	I	• radioiodine imaging in patients with thyroid cancer and treatment (HNTSH)
topotecan	injectable	II	• recurrent or progressive epithelial ovarian, fallopian tube or primary peritoneal cancer that has previously responded to treatment on at least two occasions (GOOVTOP) *(Note: patient will be reimbursed for either topotecan or gemcitabine [GOOVGEM], but not both)* • pediatric sarcoma • second line treatment of recurrent small cell lung cancer (LUSCTOP) • intermediate-risk (COG ANBL0532) and high risk (COG ANBL0531) pediatric neuroblastoma
tositumomab	injectable	II	• palliative therapy for lymphoma using radioimmunotherapy: tositumomab-priming for I^{131} tositumomab (Bexxar) (LYRITB) *(Note: only funded when prescribed by the BC Cancer Agency radiation oncologists)*

DRUG	DOSAGE FORM	CLASS	APPROVED INDICATIONS/NOTES
trastuzumab	injectable	II	• with paclitaxel as first-line treatment for advanced breast cancer refractory to anthracycline adjuvant chemotherapy (BRAVTRAP) • pediatric patients with osteogenic sarcoma • combination with vinorelbine as palliative therapy for metastatic breast cancer (BRAVTRNAV) • single agent therapy for metastatic breast cancer progressing after 1 prior regimens (e.g., taxane) and responding to trastuzumab in combination with paclitaxel, with paclitaxel and carboplatin, or with vinorelbine (BRAVTR) • combination with paclitaxel and carboplatin as palliative therapy for metastatic breast cancer as first-line treatment for recurrent breast cancer refractory to anthracycline chemotherapy (BRAVTPC) • with docetaxel as first-line treatment for advanced breast cancer refractory to anthracycline adjuvant chemotherapy (BRAVTRAD) • adjuvant therapy for breast cancer using doxorubicin and cyclophosphamide followed by paclitaxel and trastuzumab (BRAJACTT) • adjuvant therapy for breast cancer using trastuzumab following the completion of chemotherapy (sequential) (BRAJTR) • adjuvant therapy for breast cancer using dose dense therapy: doxorubicin and cyclophosphamide followed by paclitaxel and trastuzumab (BRJACTTG) • treatment of locally advanced breast cancer using doxorubicin and cyclophosphamide followed by docetaxel and trastuzumab (BRLAACDT) • adjuvant therapy for breast cancer using docetaxel and trastuzumab, and fluorouracil, epirubicin and cyclophosphamide (BRAJDTFEC) • continuation of palliative treatment of metastatic or inoperable, locally advanced gastric or gastroesophageal junction adenocarcinoma using trastuzumab (GIGAVTR)
		case-by-case approval	• combination with capecitabine and cisplatin as palliative treatment of metastatic or inoperable, locally advanced gastric or gastroesophageal junction adenocarcinoma (UGIGAVCCT) • combination with fluorouracil and cisplatin as palliative treatment of metastatic or inoperable, locally advanced gastric or gastroesophageal junction adenocarcinoma (UGIGAVCFT)
tretinoin (VESANOID®)	capsule	I	• acute promyelocytic leukemia.
vinblastine	injectable	I	
vincristine	injectable	I	*Not reimbursed for pre-filled syringe dosage form.*

DRUG	DOSAGE FORM	CLASS	APPROVED INDICATIONS/NOTES
vinorelbine	injectable	I	• palliative therapy for non-small cell lung cancer in patients who have ECOG performance status of less than or equal to 2 • progressive, symptomatic breast cancer less than 1 year after adjuvant anthracycline-based chemotherapy • second or third line treatment of metastatic breast cancer after previous combination chemotherapy with an anthracycline in a patient who has an ECOG performance status of less than or equal to 2 and a life expectancy greater than 3 months. • progressive breast cancer after failure of previous combination chemotherapy in a patient for whom anthracyclines are contraindicated and who has an ECOG performance status of less than or equal to 2 and a life expectancy greater than 3 months. • elderly patients with progressive breast cancer for whom combination chemotherapy or taxane therapy is deemed inappropriate. • adjuvant cisplatin and vinorelbine following resection of stage I, II and IIIA non-small cell lung cancer (LUAJNP) • pediatric patients treated on the COG protocol AHOD0521 for refractory/recurrent Hodgkin's disease

MISCELLANEOUS
Mailing Costs