Heimbursement News

New oncology reimbursements in Belgium

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Overview of Belgian reimbursement news

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Xofigo® (radium-223 dichloride)

Currently, Xofigo® (radium-223 dichloride) is reimbursed for the treatment of patients with castration-resistant prostate cancer with symptomatic bone metastases and without any known visceral metastases under the following conditions:

- · At least two bone metastases
- serum testosterone < 50 ng/dL or < 1.7 nmol/L
- regular use of non-opioid or opioid analgesics for cancer-related bone pain or external radiotherapy within the past twelve weeks or presence of neurologic symptoms
- no lymph nodes > 3 cm in diameter (short axis)
- no visceral metastases as demonstrated by imaging or thorax abdomen and pelvis within eight weeks prior to administration of Xofigo
- at least one sign of progressive disease:
 - new bone lesion(s)
 - progressive bone pain
 - increasing PSA at three consecutive occasions with a minimum interval between measurements of one week and with at least one value of > 2 ng/ml and representing an increase of at least 50%.
- Not yet treated with docetaxel, or not eligible for docetaxel treatment (e.g. PSA doubling time longer than 6 months)

As of Q4 2016, Xofigo® will also be reimbursable after the use of docetaxel under predefined conditions (cfr. other CRPC treatments). The decision to treat with Xofigo should be approved by the MOC with the presence of a medical oncologist, radiotherapist, and urologist.

Akynzeo®

Akynzeo® is a combination of palonosetron and netupitant. Akynzeo is reimbursed for the prevention of nausea and vomiting in adult patients treated with:

- cyclophosphamide IV > 1500 mg/m², oral hexamethylmelamine, carmustine > 250 mg/m², dacarbazine, streptozotocin or cisplatinum > 20 mg/m², or with
- cyclophosphamide > 500 mg/m² in association with an anthracycline, or with
- carboplatin, cisplatin, doxorubicin, epirubicin, ifosfamide, irinotecan, or methotrexate in a patient with an increased risk of vomiting, i.e. nausea or vomiting after prior chemotherapy or young patient.

Xgeva® (denosumab)

Xgeva® (denosumab) is reimbursed for the treatment of a patient with a giant cell tumour which cannot be resected or when surgical resection is expected to be associated with significant morbidity. The reimbursement should be requested by a medical oncologist or paediatrician with particular competence in oncology and haematology.

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Conflict of interest: The author has nothing to disclose and indicates no potential conflict of interest

