

New oncology reimbursements in Belgium

T. Feys, P. Specenier

Overview of Belgian reimbursement news

(*Belg J Med Oncol* 2012;6:144-145)

Ipilimumab, Yervoy®

Yervoy® is reimbursed for the treatment of patients with advanced (unresectable or metastatic) melanoma who failed one or more oncological systemic therapies. In order to be eligible for reimbursement, patients need to be 18 years or older and have an Eastern Cooperative Group (ECOG) score of 0 or 1. The reimbursement is allowed for packages of 3mg/kg every three weeks for a maximum of four administrations per patient. After four administrations, the reimbursement cannot be prolonged.

The treating specialist needs to keep a report of the disease evolution available for the medical advisor, stating the results of medical imaging, the results of anatomopathological investigations and the nature of the treatments used (surgery, radiotherapy, systemic therapy, etcetera).

Abiraterone acetate, Zytiga®

Zytiga® is reimbursed when used in combination with prednisone in the management of patients with metastatic hormone-refractory prostate cancer progressing after docetaxel-based chemotherapy. In order to be eligible for zytiga® reimbursement, the following conditions must be met:

- Serum castration levels for testosterone <50ng/dL or <1.7nmol/L.

- At least three cycles of docetaxel (representing a cumulative dose of ≥ 225 mg/m²) unless docetaxel intolerance was demonstrated during the first-line docetaxel treatment.
- The patient is not eligible for a second docetaxel regimen because progression occurred during the first three docetaxel cycles, because progression was observed <5 months after the first docetaxel treatment, or because docetaxel intolerance was demonstrated during first-line docetaxel treatment.
- The patient has at least one of the following characteristics:
 - Three consecutive PSA rises in three weeks with at least two PSA measurements >2ng/ml representing an increase of 50% in PSA level compared to the PSA nadir.
 - Progression of bone lesions (new bone metastasis or at least two bone lesions on bone scan).
 - Progression of soft tissue lesions based on RECIST criteria with an increase of at least 20% and of at least 5mm in the sum of diameters of all measurable lesions (lymph node metastases of <2cm should not be taken into account).
 - Occurrence of one or more soft tissue or visceral lesions, including lymph node metastases.
- The reimbursement takes a maximal posology of four tablets of 250mg/day into account

Authors: T. Feys MSc MBA, Ariez International, Wormerveer, The Netherlands; P. Specenier MD PhD, Department of Oncology, University Hospital Antwerp, Edegem, Belgium.

Please send all correspondence to: T. Feys MSc MBA, Ariez International, c/o PO Box 271, 1520 AG Wormerveer, The Netherlands, tel: +32 (0)479 567890, e-mail: t.feys@ariez.com.

Conflict of interest and/or financial support: The authors have nothing to disclose and indicate no potential conflicts of interest.

Patients who were treated with unreimbursed zytiga® for at least twelve weeks before this new regulation was put in place and who met all the conditions for reimbursement stated above are eligible for a reimbursed prolongation of the zytiga® therapy. This prolongation is only possible in the absence of all signs of disease progression. This prolongation procedure is only valid during a transition phase of six months.

Oxygen

Oxygen therapy is reimbursed for palliative patients with hypoxaemia. The reimbursement of the oxygen therapy is initiated as soon as the general practitioner informs the insurance company's medical advisor of the palliative status of the patient. The monthly prescription for the patients must contain the same elements as a prescription for acute hypoxaemia and the prescribing physician should keep a file demonstrating that the hypoxaemia is clinically documented and mentioning the palliative status of the patient. Furthermore, the file must show that the oxygen therapy improves the patient's condition.