

New oncology reimbursements in Belgium

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Overview of Belgian reimbursement news

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Nivolumab (Opdivo®)

As of April 2016, nivolumab is reimbursed in the treatment of advanced melanoma. This reimbursement was predominantly based on results of the phase III Checkmate 066 study in which nivolumab was shown to be associated with one and two year overall survival rates of 71% and 58%, respectively. When compared to ipilimumab (Checkmate 067), nivolumab was shown to significantly delay disease progression (median PFS 6.9 versus 2.9 months).

The PD-1 checkpoint inhibitor Opdivo® is now reimbursed as monotherapy for patients with advanced (metastatic or unresectable) melanoma. In order to be eligible for reimbursement, patients should be at least eighteen years old and have an ECOG performance status of zero or one. The reimbursement takes into account a posol-

ogy of 3 mg/kg every two weeks and the treatment can be continued for as long as a clinical benefit is observed and for as long as the patient can tolerate the therapy. The simultaneous reimbursement of Opdivo® together with another PD-1 inhibitor is never allowed.

Bevacizumab (Avastin®)

The reimbursement criteria for Avastin® have recently been broadened. Avastin® can now also be reimbursed for certain patients with recurrent or metastatic cervical cancer. Bevacizumab can be reimbursed in patients with metastatic/recurrent cervical cancer who did not previously receive a VEGF inhibitor. In order to be eligible for reimbursement, bevacizumab should be combined with paclitaxel and cisplatin or with paclitaxel and topotecan for patients who are not candidates for platinum-based regimens.

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