Regimen Monograph

A - Regimen Name

SELP Regimen

selpercatinib

Disease Site

Endocrine
Thyroid

Intent

Palliative

Regimen Category

Evidence-informed :

Regimen is considered appropriate as part of the standard care of patients; meaningfully improves outcomes (survival, quality of life), tolerability or costs compared to alternatives (recommended by the Disease Site Team and national consensus body e.g. pan-Canadian Oncology Drug Review, pCODR). Recommendation is based on an appropriately conducted phase III clinical trial relevant to the Canadian context OR (where phase III trials are not feasible) an appropriately sized phase II trial. Regimens where one or more drugs are not approved by Health Canada for any indication will be identified under Rationale and Use.

This **Regimen Abstract** is an **abbreviated** version of a Regimen Monograph and contains only top level information on usage, dosing, schedule, cycle length and special notes (if available). Information in regimen abstracts is accurate to the extent of the ST-QBP regimen master listings, and has not undergone the full review process of a regimen monograph. Full regimen monographs will be published for each ST-QBP regimen as they are developed.

Rationale and Uses

- Third or subsequent line treatment in advanced or metastatic RET fusion-positive differentiated thyroid carcinoma (DTC), that is not amenable to surgery, in patients who have experienced disease progression or intolerance to radioactive iodine, and lenvatinib or sorafenib
(Continued on next page)

- Second line treatment in unresectable advanced or metastatic RET-mutant medullary thyroid cancer (MTC), in patients who have experienced disease progression or intolerance to vandetanib

Supplementary Public Funding	**selpercatinib** Exceptional Access Program (selpercatinib - For the treatments of advanced or metastatic RET fusion-positive differentiated thyroid carcinoma (DTC); and unresectable advanced or metastatic RET-mutant medullary thyroid cancer (MTC)) (EAP Website)

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B - Drug Regimen

Patients with Body Weight < 50 kg:

selpercatinib	120 mg	PO	BID (every 12 hours)

Patients with Body Weight ≥ 50 kg:

selpercatinib	160 mg	PO	BID (every 12 hours)

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C - Cycle Frequency

CONTINUOUS TREATMENT

Until clinically meaningful disease progression* or unacceptable toxicity

(*Refer to CADTH recommendations and Wirth et al)

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J - Administrative Information

Outpatient prescription for home administration

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K - References

CADTH reimbursement recommendation: selpercatinib (RET-fusion positive differentiated thyroid carcinoma with advanced or metastatic disease). July 2022.

CADTH reimbursement recommendation: selpercatinib (unresectable advanced or metastatic RET-mutant medullary thyroid cancer). October 2022.

Wirth LJ, Sherman E, Robinson B, . Efficacy of selpercatinib in *RET*-altered thyroid cancers. N Engl J Med. 2020 Aug 27;383(9):825-35.

PEBC Advice Documents or Guidelines

- CCO Thyroid Cancer Guideline: An Endorsement of the 2015 American Thyroid Association Management Guidelines for Adult Patients with Thyroid Nodules and Differentiated Thyroid Cancer

August 2023 new ST-QBP regimen

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M - Disclaimer

Regimen Abstracts

A Regimen Abstract is an abbreviated version of a Regimen Monograph and contains only top level information on usage, dosing, schedule, cycle length and special notes (if available). It is intended for healthcare providers and is to be used for informational purposes only. It is not intended to constitute or be a substitute for medical advice, and all uses of the Regimen Abstract are subject to clinical judgment. Such information is provided on an "as-is" basis, without any representation, warranty, or condition, whether express, or implied, statutory or otherwise, as to the information's quality, accuracy, currency, completeness, or reliability, and Cancer Care Ontario disclaims all liability for the use of this information, and for any claims, actions, demands or suits that arise from such use.

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Regimen Monographs

Refer to the New Drug Funding Program or Ontario Public Drug Programs websites for the most up-to-date public

funding information.

The information set out in the drug monographs, regimen monographs, appendices and symptom management information (for health professionals) contained in the Drug Formulary (the "Formulary") is intended for healthcare providers and is to be used for informational purposes only. The information is not intended to cover all possible uses, directions, precautions, drug interactions or adverse effects of a particular drug, nor should it be construed to indicate that use of a particular drug is safe, appropriate or effective for a given condition. The information in the Formulary is not intended to constitute or be a substitute for medical advice and should not be relied upon in any such regard. All uses of the Formulary are subject to clinical judgment and actual prescribing patterns may not follow the information provided in the Formulary.

The format and content of the drug monographs, regimen monographs, appendices and symptom management information contained in the Formulary will change as they are reviewed and revised on a periodic basis. The date of last revision will be visible on each page of the monograph and regimen. Since standards of usage are constantly evolving, it is advised that the Formulary not be used as the sole source of information. It is strongly recommended that original references or product monograph be consulted prior to using a chemotherapy regimen for the first time.

Some Formulary documents, such as the medication information sheets, regimen information sheets and symptom management information (for patients), are intended for patients. Patients should always consult with their healthcare provider if they have questions regarding any information set out in the Formulary documents.

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