Pembrolizumab (Keytruda) for Non-Squamous NSCLC (pCODR 10153)

pERC Recommendation: Recommends with conditions For further details, please see <u>pERC Final Recommendation</u>

Notification to Implement Issued by pCODR: June 17, 2019

This information is current as of October 1, 2020.

Note: Funding criteria as listed on the decision date. Please refer to the provincial drug programs for the most recent funding criteria and program eligibility.

PROVINCE	FUNDING STATUS	FUNDING DATE	FUNDING CRITERIA
ВС	Under provincial consideration	Jun 1, 2020	 Advanced non-small cell lung cancer Restricted to disease of non-squamous cell histology without EGFR, ROS1 or ALK mutations No disease progression after 4 cycles of ULUAVPPPMB Maintenance treatment to be started 21 to 42 days after final cycle of ULUAVPPPMB ECOG 0-2 at the start of maintenance Adequate hepatic and renal function Asymptomatic/stable brain metastases (if applicable)
АВ	Funded	Sep 15, 2020	In combination with platinum-containing chemotherapy (+/- pemetrexed) for non-squamous non- small cell lung cancer (NSCLC) in patients with previously untreated metastatic disease. For use in patients with no EGFR or ALK genomic tumor aberrations. Patients previously treated with durvalumab in the adjuvant setting who have relapsed after the completion of adjuvant therapy must have had at least a six month interval off durvalumab with no disease recurrence while on durvalumab. Treatment should continue until confirmed disease progression, unacceptable toxicity, or to a maximum of two years (35 cycles) whichever comes first. Patients are eligible for re-treatment for up to one year (17 cycles) if patients progress after completing 2 years of pembrolizumab combined with platinum containing chemotherapy(+/- pemetrexed) and if at least 6 months has passed since the prior therapy
SK	Funded	May 1, 2020	•In combination with Pemetrexed and platinum chemotherapy, for the treatment of metastatic non-squamous, non-small cell lung cancer (NS-NSCLC), in adults with no EGFR or ALK genomic tumour aberrations, and no prior systemic

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			chemotherapy treatment for metastatic NSCLC and who have good performance status. •Treatment may continue until confirmed disease progression or unacceptable toxicity, or after completing a maximum of 2 years of Pembrolizumab therapy, whichever comes first First-Line NS-NSCLC Funding Notes: -Only patients who are candidates for Pemetrexed-platinum chemotherapy for NS-NSCLC are eligible for first line treatment in combination with Pembrolizumab -In patients where Pemetrexed-platinum chemotherapy for NS-NSCLC is initiated while waiting for target mutation test results, Pembrolizumab may be added to chemotherapy at the time it is confirmed there are no driver mutations; however, Pembrolizumab is not approved to be added in patients who have already completed platinum chemotherapy and are receiving maintenance Pemetrexed -For patients with NS-NSCLC initiated on Pembrolizumab with Pemetrexed-platinum chemotherapy who cannot tolerate Pemetrexed maintenance, Pembrolizumab may be continued as monotherapy if clinically appropriate -Patients who received Durvalumab for stage III NSCLC are eligible for Pembrolizumab in the metastatic setting only if there has been at least a 6 month progression-free interval between completion of Durvalumab and confirmation of disease progression -If Pembrolizumab is stopped in the setting of maximum response/stable disease or after completion of 2 years of therapy, it may be re-started at the time of disease progression for an additional 1 year of therapy -Patients who received Pembrolizumab as part of first-line therapy and experienced disease progression on treatment are not eligible for any further immunotherapy options as a subsequent line of therapy.



PROVINCE	FUNDING STATUS	FUNDING DATE	FUNDING CRITERIA
МВ	Funded	May 1, 2020	In combination with pemetrexed and platinum chemotherapy for the treatment of patients with metastatic non-squamous, non-small cell lung cancer (NSCLC) in adults with no EGFR or ALK genomic tumour aberrations, and no prior systemic chemotherapy for metastatic NSCLC Eligible patients should have good performance status. Treatment should continue until confirmed disease progression or unacceptable toxicity to a maximum of two years, whichever comes first. Retreatment: Patients can receive up to an additional 12 months of pembrolizumab if they experience disease progression after previously stopping their initial treatment with pembrolizumab after receiving 35 administrations (cycles).
ON	Funded	Apr 24, 2020	Pembrolizumab is used in combination with pemetrexed and platinum chemotherapy for the treatment of metastatic non-squamous, non-small cell lung cancer (NSCLC), in adults with no EGFR or ALK genomic tumour aberrations, and no prior systemic chemotherapy treatment for metastatic NSCLC. Treatment should be for patients with good performance status.
NS	Funded	May 1, 2020	In combination with pemetrexed and platinum chemotherapy for the treatment of metastatic non-squamous non-small cell lung cancer (NSCLC), in patients with no EGFR or ALK genomic tumour aberrations, and no prior systemic chemotherapy treatment for metastatic NSCLC. Patients should have a good performance status. Treatment should continue until confirmed disease progression or unacceptable toxicity, or to a maximum of two years (35 cycles), whichever comes first. Patients who complete 2 years of therapy (35 cycles), or less than 2 years in the setting of maximum response, may receive up to an additional 12 months (17 cycles) at the point of confirmed disease progression if the treating physician deems the patient eligible for treatment. Funding is limited to one line of PD-1 inhibitor therapy for patients with advanced or metastatic non-small cell lung cancer (ie: one of Pembrolizumab 1st line, Pembrolizumab 2nd line or beyond, or Nivolumab).Patients who have been treated with curative intent durvalumab will be eligible for treatment with combination pembrolizumab with chemotherapy in the metastatic setting, provided that there has been a 6 month interval between the completion of durvalumab treatment and metastatic disease.



PROVINCE	FUNDING STATUS	FUNDING DATE	FUNDING CRITERIA
NB	Funded	Jul 16, 2020	In combination with pemetrexed and platinum chemotherapy for the treatment of metastatic non-squamous non small cell lung cancer (NSCLC) in adults with no EGFR or ALK genomic tumor aberrations and no prior systemic chemotherapy treatment for metastatic NSCLC. Patients must have a good performance status. Treatment should be discontinued upon confirmed disease progression, unacceptable toxicity or after completing two years of therapy, whichever occurs first.
NL	Funded	Jun 1, 2020	 As first-line therapy in combination with pemetrexed and platinum chemotherapy in adult patients with no EGFR, ALK, or ROS-1 genomic tumor aberrations and no prior systemic chemotherapy treatment for metastatic non-squamous NSCLC Patients must have good performance status Treatment should continue until disease progression or unacceptable toxicity, up to a maximum of 2 years (35 cycles)
PEI	Under provincial consideration		-

Under provincial consideration means that the province is reviewing pCODR's recommendation. This may include the province working with the drug manufacturer to reach an agreement for a drug product that both parties can accept, in particular in cases where the pCODR Expert Review Committee has recommended that the drug be funded only on the condition of cost-effectiveness being improved to an acceptable level. This may occur before or after the pan-Canadian Pharmaceutical Alliance negotiations. Please contact the specific provincial drug program and/or cancer agency in your province for information about the status of a given drug product.