CADTH | pCODR PAN-CANADIAN ONCOLOGY DRUG REVIEW

PROVINCIAL FUNDING SUMMARY

Pembrolizumab (Keytruda) classical Hodgkin Lymphoma (pCODR 10109)

pERC Recommendation: Recommends with conditions

For further details, please see pERC Final Recommendation

Notification to Implement Issued by pCODR: January 22, 2018

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
BC	Funded	Jun 1, 2020	Relapsed or refractory classical Hodgkin lymphoma (cHL) who have progressed after autologous stem cell transplantation (ASCT) and brentuximab vedotin • Relapsed or refractory cHL who are not candidates for ASCT • Relapsed or refractory cHL with contraindication to brentuximab vedotin (eg. peripheral neuropathy) • Good performance status • Adequate hepatic and renal function
AB	Funded	Sep 15, 2020	Pembrolizumab as monotherapy in adult patients with refractory or relapsed classical Hodgkin lymphoma (cHL) who failed autologous stem cell transplant (ASCT) and brentuximab vedotin (BV), or are not candidates for ASCT and have failed BV.). Not to be used if progression on treatment with an alternate PD1 inhibitor (eg Nivolumab) Must be dosed using weight based dosing to a maximum flat dose (Pembrolizumab 2 mg/kg up to a maximum of 200 mg every 3 weeks) Duration of treatment until disease progression or unacceptable toxicity up to a maximum of 24 months
SK	Funded	May 1, 2020	Monotherapy in adult patients with refractory or relapsed classical Hodgkin lymphoma (cHL) who have failed autologous stem cell transplantation (ASCT) and Brentuximab vedotin (BV), or who are not candidates for ASCT •Treatment may continue until confirmed disease progression or unacceptable toxicity, or to a maximum of 2 years, whichever comes first Hodgkin Lymphoma Funding Notes: -Patients with central nervous system lymphoma or nodular lymphocyte-predominant Hodgkin lymphoma are not eligible -Patients should have good performance status -If Pembrolizumab is stopped in the setting of

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			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
MB	Funded	May 1, 2020	Pembrolizumab monotherapy in adult patients with refractory or relapsed classical Hodgkin Lymphoma (cHL) who: - Have failed autologous stem cell transplant (ASCT) and brentuximab vedotin (BV) or - Are not candidates for ASCT and have failed BV Treatment should continue until confirmed disease progression or unacceptable toxicity, or to a maximum of two years, whichever comes first. Pembrolizumab retreatment will be allowed at time of progression up to an additional 1 year for patients who have stopped pembrolizumab treatment after 24 months for reasons other than disease progression or intolerability.
ON	Funded	Aug 4, 2020	Pembrolizumab is used as monotherapy for the treatment of adult patients with refractory or relapsed classical Hodgkin Lymphoma (cHL) who have failed autologous stem cell transplant (ASCT) and brentuximab vedotin (BV), or who are not candidates for ASCT and have failed BV. Treatment should continue until disease progression or unacceptable toxicity, or to a maximum of 2 years (or equivalent therapy), whichever comes first. Patients who complete up to 2 years' worth of treatment without disease progression may receive up to an additional 1 year of treatment at the point of confirmed disease progression if the treating physician deems the patient eligible for retreatment.
NS	Funded	May 1, 2020	For the treatment of patients with classical Hodgkin's Lymphoma (cHL) that have relapsed or progressed after autologous stem cell transplantation (ASCT) and brentuximab vedotin (BV). Patients should have a good performance status. Treatment should continue until confirmed disease progression or unacceptable toxicity. Patients with relapsed or refractory cHL who are not eligible for ASCT and have relapsed or progressed after brentuximab vedotin are eligible for treatment with pembrolizumab.
NB	Funded	Jul 16, 2020	As monotherapy for the treatment of adult patients with refractory or relapsed classical Hodgkin lymphoma who have failed autologous stem cell transplantation (ASCT) and brentuximab vedotin (BV) or, are not candidates for ASCT and have failed BV. Treatment should be discontinued upon confirmed disease progression, unacceptable

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			toxicity or a maximum of 2 years, whichever occurs first.
NL	Funded	Jun 1, 2020	• Monotherapy in adult patients with relapsed or refractory cHL who have failed autologous stem cell transplant and brentuximab vedotin • 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.