CADTH

CADTH REIMBURSEMENT REVIEW

Stakeholder Feedback on Draft Recommendation

pembrolizumab (Keytruda)

(Merck Canada Inc.)

Indication: Melanoma Adjuvant Treatment

October 21, 2022

CADTH Reimbursement Review
Feedback on Draft Recommendation

Stakeholder information	
CADTH project number	PC0286-000
Brand name (generic)	Pembrolizumab
Indication(s)	Pembrolizumab is indicated for the adjuvant treatment of adult and pediatric (12 years and older) patients with Stage IIB or IIC melanoma following complete resection.
Organization	Ontario Health (CCO) Skin Cancer Drug Advisory Committee
Contact information[a]	Name: Dr. Frances Wright

Stakeholder agreement with the draft recommendation		
1. Does the stakeholder agree with the committee's recommendation.	Yes	☒
	No	☐
Discontinuation 4.1: The DAC highlights clinical changes can resolve when continuing immunotherapy. The DAC does not support submitting imaging reports or pathological reports for the continuation. The DAC would like to suggest "confirmed disease progression" rather than "clinical/radiological disease progression". Q6 week dosing in adjuvant setting given that the trial was Q3 week dosing. If a patient has confirmed disease progression on single agent adjuvant Pembro, it is less than optimal patient care to wait 6 months to initiate dual agent immunotherapy (which is the most effective treatment).		
Expert committee consideration of the stakeholder input		
2. Does the recommendation demonstrate that the committee has considered the stakeholder input that your organization provided to CADTH?	Yes	☒
	No	☐
If not, what aspects are missing from the draft recommendation?		
Clarity of the draft recommendation		
3. Are the reasons for the recommendation clearly stated?	Yes	☒
	No	☐
If not, please provide details regarding the information that requires clarification.		
4. Have the implementation issues been clearly articulated and adequately addressed in the recommendation?	Yes	☒
	No	☐
N/A		
5. If applicable, are the reimbursement conditions clearly stated and the rationale for the conditions provided in the recommendation?	Yes	☒
	No	☐
N/A		

[a] CADTH may contact this person if comments require clarification.

Appendix 2. Conflict of Interest Declarations for Clinician Groups

- To maintain the objectivity and credibility of the CADTH drug review programs, all participants in the drug review processes must disclose any real, potential, or perceived conflicts of interest.
- This conflict of interest declaration is required for participation. Declarations made do not negate or preclude the use of the feedback from patient groups and clinician groups.
- CADTH may contact your group with further questions, as needed.
- Please see the *Procedures for CADTH Drug Reimbursement Reviews* for further details.
- For conflict of interest declarations:
  - Please list any companies or organizations that have provided your group with financial payment over the past two years AND who may have direct or indirect interest in the drug under review.
  - Please note that declarations are required for each clinician that contributed to the input.
  - If your clinician group provided input at the outset of the review, only conflict of interest declarations that are new or require updating need to be reported in this form. For all others, please list the clinicians who provided input are unchanged
  - Please add more tables as needed (copy and paste).
  - All new and updated declarations must be included in a single document.

A. Assistance with Providing the Feedback		
1. Did you receive help from outside your clinician group to complete this submission?	No	☐
	Yes	☒
Ontario Health provided secretariat function to the DAC.		
2. Did you receive help from outside your clinician group to collect or analyze any information used in this submission?	No	☒
	Yes	☐
B. Previously Disclosed Conflict of Interest		
3. Were conflict of interest declarations provided in clinician group input that was submitted at the outset of the CADTH review and have those declarations remained unchanged? If no, please complete section C below.	No	☐
	Yes	☒
If yes, please list the clinicians who contributed input and whose declarations have not changed: • Dr. Frances Wright • Dr. Teresa Petrella • Dr. Marcus Butler • Dr. Elaine McWhirter • Dr. Xinni Song		

CADTH Reimbursement Review

Feedback on Draft Recommendation

Stakeholder information	
CADTH project number	PC0286
Name of the drug and Indication(s)	Pembrolizumab for adjuvant treatment of adult and pediatric (12 years and older) patients with Stage IIB or IIC melanoma following complete resection
Organization Providing Feedback	PAG

1. Recommendation revisions Please indicate if the stakeholder requires the expert review committee to reconsider or clarify its recommendation.		
Request for Reconsideration	**Major revisions:** A change in recommendation **category** or patient **population** is requested	☐
	Minor revisions: A change in reimbursement **conditions** is requested	☐
No Request for Reconsideration	**Editorial revisions:** Clarifications in recommendation **text** are requested	X
	No requested revisions	☐

2. Change in recommendation category or conditions Complete this section if major or minor revisions are requested
None.

3. Clarity of the recommendation Complete this section if editorial revisions are requested for the following elements
a) Recommendation rationale
In Table 2 Responses to Questions from the Drug Programs, under the heading "Considerations for prescribing of therapy" PAG is requesting the following editorial revision "*Pembrolizumab dosing on KEYNOTE- 716 (the phase 3 trial of Stage IIB/C melanoma) was 200 mg (2 mg/kg for pediatrics) IV q21days x 17 doses.*"
b) Reimbursement conditions and related reasons
None.
c) Implementation guidance
None.

CADTH Reimbursement Review
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Stakeholder information	
CADTH project number	PC0286-000
Brand name (generic)	Keytruda (pembrolizumab)
Indication(s)	Adjuvant Melanoma – Stage IIB and IIC
Organization	Melanoma Canada
Contact information[a]	Name: Annette Cyr

Stakeholder agreement with the draft recommendation		
1. Does the stakeholder agree with the committee's recommendation.	Yes	☒
	No	☐
Please explain why the stakeholder agrees or disagrees with the draft recommendation. Whenever possible, please identify the specific text from the recommendation and rationale. Melanoma Canada agrees with the recommendation that this is a needed therapy for stage IIB and IIC as an option for treatment to prevent possible recurrence of disease. While we can appreciate the costs concerns of the committee, we would like to reiterate that the cost of treatment for metastatic disease, in terms of health outcomes, financial costs, and emotional toll is far higher than what is being contemplated. We encourage moving forward and are hopeful for appropriate negotiations and pricing, so that patients may benefit.		

Expert committee consideration of the stakeholder input		
2. Does the recommendation demonstrate that the committee has considered the stakeholder input that your organization provided to CADTH?	Yes	☒
	No	☐
If not, what aspects are missing from the draft recommendation? While the main concern seems to relate to pricing, we are also aware that the numbers of patients diagnosed at this stage is still quite small. In addition, not all patients will elect to receive treatment, after discussions with their oncologist.		

Clarity of the draft recommendation		
3. Are the reasons for the recommendation clearly stated?	Yes	☒
	No	☐
If not, please provide details regarding the information that requires clarification.		
4. Have the implementation issues been clearly articulated and adequately addressed in the recommendation?	Yes	☒
	No	☐
If not, please provide details regarding the information that requires clarification.		
5. If applicable, are the reimbursement conditions clearly stated and the rationale for the conditions provided in the recommendation?	Yes	☒
	No	☐
If not, please provide details regarding the information that requires clarification.		

[a] CADTH may contact this person if comments require clarification.

Appendix 1. Conflict of Interest Declarations for Patient Groups

- To maintain the objectivity and credibility of the CADTH drug review programs, all participants in the drug review processes must disclose any real, potential, or perceived conflicts of interest.
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- CADTH may contact your group with further questions, as needed.
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A. Patient Group Information	
Name	*Annette Cyr*
Position	*Chair of the Board, Melanoma Canada*
Date	*13/10/2022*
☒	I hereby certify that I have the authority to disclose all relevant information with respect to any matter involving this patient group with a company, organization, or entity that may place this patient group in a real, potential, or perceived conflict of interest situation.

B. Assistance with Providing Feedback		
1. Did you receive help from outside your patient group to complete your feedback?	No	☒
	Yes	☐
If yes, please detail the help and who provided it.		
2. Did you receive help from outside your patient group to collect or analyze any information used in your feedback?	No	☒
	Yes	☐
If yes, please detail the help and who provided it.		

C. Previously Disclosed Conflict of Interest		
1. Were conflict of interest declarations provided in patient group input that was submitted at the outset of the CADTH review and have those declarations remained unchanged? If no, please complete section D below.	No	☐
	Yes	☒

D. New or Updated Conflict of Interest Declaration

3. List any companies or organizations that have provided your group with financial payment over the past two years AND who may have direct or indirect interest in the drug under review.

Company	**Check Appropriate Dollar Range**			
	$0 to 5,000	**$5,001 to 10,000**	**$10,001 to 50,000**	**In Excess of $50,000**
Merck Canada	☐	☐	☒	☐
Add company name	☐	☐	☐	☐
Add or remove rows as required	☐	☐	☐	☐

CADTH Reimbursement Review
Feedback on Draft Recommendation

Stakeholder information	
CADTH project number	PC0286 Stakeholder Feedback on Draft Recommendation
Brand name (generic)	Keytruda
Indication(s)	Melanoma Adjuvant Treatment
Organization	Save Your Skin Foundation
Contact information[a]	Name: Kathy Barnard

Stakeholder agreement with the draft recommendation		
1. Does the stakeholder agree with the committee's recommendation.	Yes	☐
	No	☒
Please explain why the stakeholder agrees or disagrees with the draft recommendation. Whenever possible, please identify the specific text from the recommendation and rationale. **In part see below.**		

Expert committee consideration of the stakeholder input		
2. Does the recommendation demonstrate that the committee has considered the stakeholder input that your organization provided to CADTH?	Yes	☒
	No	☐
If not, what aspects are missing from the draft recommendation?		

Clarity of the draft recommendation		
3. Are the reasons for the recommendation clearly stated?	Yes	☐
	No	☒
If not, please provide details regarding the information that requires clarification. **Under clinical data what is extremely important is the fact that this is a very severe illness and this is the very first treatment for patients with Stage 11B and Stage 11C Cutaneous Melanoma. So, if we look at value in that context this has very high value for this patient population and it also has high value from an economic perspective as it will save money in other parts of the health system if these patients are treated earlier. We feel that these were not taken into consideration in the price reduction.**		
4. Have the implementation issues been clearly articulated and adequately addressed in the recommendation?	Yes	☐
	No	☒
If not, please provide details regarding the information that requires clarification. See above		
5. If applicable, are the reimbursement conditions clearly stated and the rationale for the conditions provided in the recommendation?	Yes	☐
	No	☒
If not, please provide details regarding the information that requires clarification. See above		

[a] CADTH may contact this person if comments require clarification.

Appendix 1. Conflict of Interest Declarations for Patient Groups

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A. Patient Group Information	
Name	*Kathleen Barnard*
Position	*Founder*
Date	*Please add the date form was completed 12/10/2022*
☒	I hereby certify that I have the authority to disclose all relevant information with respect to any matter involving this patient group with a company, organization, or entity that may place this patient group in a real, potential, or perceived conflict of interest situation.

B. Assistance with Providing Feedback		
1. Did you receive help from outside your patient group to complete your feedback?	No	☒
	Yes	☐
If yes, please detail the help and who provided it.		
2. Did you receive help from outside your patient group to collect or analyze any information used in your feedback?	No	☒
	Yes	☐
If yes, please detail the help and who provided it.		

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	Yes	☒

D. New or Updated Conflict of Interest Declaration

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Company	**Check Appropriate Dollar Range**			
	$0 to 5,000	**$5,001 to 10,000**	**$10,001 to 50,000**	**In Excess of $50,000**
Merck	☐	☐	☒	☐
Add company name	☐	☐	☐	☐
Add or remove rows as required	☐	☐	☐	☐

CADTH

CADTH Reimbursement Review
Feedback on Draft Recommendation

Stakeholder information	
CADTH project number	PC0286
Brand name (generic)	KEYTRUDA® (pembrolizumab)
Indication(s)	Adjuvant treatment of adult and pediatric (12 years and older) patients with Stage IIB or IIC melanoma following complete resection.
Organization	Merck Canada Inc.
Contact information[a]	Name: [redacted]

Stakeholder agreement with the draft recommendation		
1. Does the stakeholder agree with the committee's recommendation.	Yes	☒
	No	☐

Expert committee consideration of the stakeholder input		
2. Does the recommendation demonstrate that the committee has considered the stakeholder input that your organization provided to CADTH?	Yes	☒
	No	☐

Clarity of the draft recommendation		
3. Are the reasons for the recommendation clearly stated?	Yes	☒
	No	☐
4. Have the implementation issues been clearly articulated and adequately addressed in the recommendation?	Yes	☒
	No	☐
5. If applicable, are the reimbursement conditions clearly stated and the rationale for the conditions provided in the recommendation?	Yes	☐
	No	☒

Merck Canada requests that the reimbursement conditions suggested in the draft recommendation be modified to reflect pembrolizumab's Health Canada approved indication and dosage and administration, as seen in the product monograph.

1. Initiation:
    a. Replace "**Patients**" with: "Adult and pediatric (12 years and older)"
    b. Include: "Following complete resection"
    c. **The initiation criteria should now read:** "Adjuvant treatment of adult and pediatric (12 years and older) who have Stage IIB or Stage IIC melanoma (as defined by the American Joint Committee on Cancer 2017 classification, 8th edition) following complete resection"
2. Discontinuation
    a. Replace **"17 cycles"** with: "up to 12 months"
    b. This should read: "Patients should discontinue treatment following a maximum of up to 12 months of adjuvant pembrolizumab"

[a] CADTH may contact this person if comments require clarification.