CADTH | pCODR PAN-CANADIAN ONCOLOGY DRUG REVIEW

PROVINCIAL FUNDING SUMMARY

Pembrolizumab (Keytruda) for Non-Small Cell Lung Cancer (Second Line or Beyond) (pCODR 10077)

pERC Recommendation: Recommends

For further details, please see pERC Final Recommendation

Notification to Implement Issued by pCODR: November 18, 2016

This information is current as of August 1, 2019.

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	Feb 1, 2018	Advanced non-small cell lung cancer • Restricted to disease of non-squamous cell histology • Disease of squamous cell histology may be treated only if a contraindication to Docetaxel exists • Treatment of disease progression in patients who have received prior platinum based chemotherapy • ECOG performance status 0, 1 or 2
AB	Funded	Feb 16, 2018	Pembrolizumab for the treatment of patients with metastatic non-small cell lung cancer (NSCLC) whose tumours express PDL1 (as determined by a validated test) and who have disease progression on or after cytotoxic chemotherapy. Patients with epidermal growth factor (EGFR) or anaplastic lymphoma kinase (ALK) genomic tumour aberrations should have disease progression on authorized chemotherapy for these aberrations and cytotoxic chemotherapy prior to receiving pembrolizumab. Patient could receive up to 12 months of pembrolizumab if they experience an investigator-determined confirmed radiographic progression, according to immune related response criteria, after stopping their initial treatment with pembrolizumab due to achievement of a confirmed complete response or have experienced 35 administrations of pembrolizumab. Treatment should be for patients with a tumour proportion score (TPS) of PDL1 > 1 and who have a good performance status. Treatment should continue until confirmed disease progression, unacceptable toxicity, or to a maximum of two years, whichever comes first. Cannot have received Pembrolizumab in the first line setting nor nivolumab in the second line setting.

© 2019 pCODR | PAN-CANADIAN ONCOLOGY DRUG REVIEW

PROVINCE	FUNDING STATUS	FUNDING DATE	FUNDING CRITERIA
SK	Funded	Dec 15, 2017	Treatment of patients with metastatic non-small cell lung cancer (NSCLC) whose tumours express PD-L1 Tumour Proportion Score (TPS) ≥1% as determined by a validated test and who have a good performance status, and who have disease progression on or after cytotoxic chemotherapy and targeted therapy for mutations of either epidermal growth factor receptor (EFGR) or anaplastic lymphoma kinase (ALK) for those patients who tumours express these genomic aberrations o Treatment should continue until confirmed disease progression or unacceptable toxicity, or to a maximum of two years (35 cycles), whichever comes first o Pembrolizumab may be re-started and continued for up to 12 additional months at the time of confirmed radiographic disease progression (according to immune-related response criteria) after initial Pembrolizumab therapy was stopped due to either completion of two years of therapy (35 cycles) or at physician discretion before 2 years in the setting of maximum response.
MB	Funded	Dec 7, 2017	Treatment of patients with metastatic non-small cell lung cancer (NSCLC) whose tumors express PD-L1 with Tumor Proportion Score equal to or greater than 1% as determined by a validated test and who have a good performance status and have disease progression on or after cytotoxic chemotherapy. - Patients with EGFR or ALK genomic aberrations should have disease progression on authorized therapy for these aberrations AND cytotoxic chemotherapy prior to receiving pembrolizumab. - Patients can receive up to an additional 12 months of pembrolizumab if they experience radiographic disease progression, according to immune-related response criteria, after previously stopping their initial treatment with pembrolizumab due to a confirmed complete response or having received 35 administrations (cycles), whichever comes first. - Treatment should continue until confirmed disease progression or unacceptable toxicity or to a maximum of 2 years, whichever comes first.

© 2019 pCODR | PAN-CANADIAN ONCOLOGY DRUG REVIEW

PROVINCE	FUNDING STATUS	FUNDING DATE	FUNDING CRITERIA
ON	Funded	Jan 17, 2018	For the treatment of patients with metastatic non-small cell lung cancer (NSCLC) whose tumours express PD-L1 with Tumour Proportion Score (TPS) ≥ 1% (as determined by a validated test) and who have good performance status, and who have disease progression on or after cytotoxic chemotherapy. • Patients with epidermal growth factor receptor (EGFR) or anaplastic lymphoma kinase (ALK) genetic tumour aberrations should have disease progression on authorized therapy for these aberrations and cytotoxic chemotherapy prior to receiving pembrolizumab. • Pembrolizumab will be funded until confirmed disease progression or unacceptable toxicity or to a maximum of two years (35 cycles), whichever comes first. • Patients who complete 35 cycles without disease progression may receive up to additional 17 cycles at the point of confirmed disease progression if the treating physician deems the patient eligible for retreatment.
NS	Funded	May 24, 2018	As a single agent treatment option for the treatment of metastatic non-small cell lung cancer (NSCLC) in patients whose tumours express PD-L1 (Tumour Proportion Score (TPS) ≥ 1%) as determined by a validated test and who have disease progression on or after cytotoxic chemotherapy and targeted therapy for mutations of either epidermal growth factor receptor (EGFR) or anaplastic lymphoma kinase (ALK) for those patients whose tumours express these genomic aberrations. 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 before 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.

© 2019 pCODR | PAN-CANADIAN ONCOLOGY DRUG REVIEW

PROVINCE	FUNDING STATUS	FUNDING DATE	FUNDING CRITERIA
NB	Funded	May 2, 2018	For the treatment of patients with metastatic non-small cell lung cancer whose tumors express PD-L1 (Tumor Proportion Score [TPS] greater than or equal to 1%), as determined by a validated test and, who have disease progression on or after cytotoxic chemotherapy. Patients with a sensitizing epidermal growth factor receptor (EGFR) mutation or anaplastic lymphoma kinase (ALK) translocation must also have disease progression on therapy targeting these genomic tumor aberrations. Patients must have a good performance status. Treatment should be discontinued upon disease progression, unacceptable toxicity or, a maximum of 2 years (35 cycles), whichever occurs first.
NL	Funded	May 30, 2018	Treatment of patients with metastatic non-small cell lung cancer (NSCLC) whose tumours express PD-L1 (TPS ≥ 1%) as determined by a validated test, and who have a good performance status, and who have disease progression on or after cytotoxic chemotherapy. Patients with EFGR mutation or ALK translocation should have disease progression on authorized therapy for these aberrations and cytotoxic chemotherapy prior to receiving Pembrolizumab. Treatment should continue until confirmed disease progression or unacceptable toxicity or to a maximum of two years (35 cycles), whichever comes first. Pembrolizumab is given as a single agent dosed at 2mg/kg up to a maximum of 200 mg.

© 2019 pCODR | PAN-CANADIAN ONCOLOGY DRUG REVIEW

PROVINCE	FUNDING STATUS	FUNDING DATE	FUNDING CRITERIA
PEI	Funded	Aug 1, 2019	Treatment of patients with metastatic non-small cell lung cancer (NSCLC) whose tumours express PD-L1 with Tumour Proportion Score (TPS) equal to or greater than 1% (as determined by a validated test) and who have a good performance status, and who have disease progression on or after cytotoxic chemotherapy. • Patients with epidermal growth factor receptor (EGFR) or anaplastic lymphoma kinase (ALK) genomic tumour aberrations should have disease progression on authorized therapy for these aberrations and cytotoxic chemotherapy prior to receiving pembrolizumab. • Patients could receive up to 12 months of pembrolizumab if they experienced an investigator-determined confirmed radiographic disease progression, according to immune-related response criteria after stopping their initial treatment with pembrolizumab due to achievement of a confirmed complete response or having experienced 35 administrations of pembrolizumab. • Treatment should continue until confirmed disease progression or unacceptable toxicity or to a maximum of two years, whichever comes first.”

© 2019 pCODR | PAN-CANADIAN ONCOLOGY DRUG REVIEW