COMPENDIA TRANSPARENCY TRACKING FORM

DATE: August 17, 2023

OFF-LABEL ID #: 2806

DRUG NAME: Pembrolizumab

OFF-LABEL USE: Urothelial carcinoma Adjuvant treatment in those at high risk for recurrence

COMPENDIA TRANSPARENCY REQUIREMENTS	
1	Provide criteria used to evaluate/prioritize the request (therapy)
2	Disclose evidentiary materials reviewed or considered
3	Provide names of individuals who have substantively participated in the review or disposition of the request and disclose their potential direct or indirect conflicts of interest
4	Provide meeting minutes and records of votes for disposition of the request (therapy)

EVALUATION/PRIORITIZATION CRITERIA: C, L, A *to meet requirement 1

CODE	EVALUATION/PRIORITIZATION CRITERIA
A	Treatment represents an established standard of care or significant **advance** over current therapies
C	**Cancer** or cancer-related condition
E	Quantity and robustness of **evidence** for use support consideration
L	**Limited** alternative therapies exist for condition of interest
P	**Pediatric** condition
R	**Rare** disease
S	**Serious**, life-threatening condition

Note: a combination of codes may be applied to fully reflect points of consideration [eg, therapy may represent an advance in the treatment of a life-threatening condition with limited treatment alternatives (ASL)]

EVIDENCE CONSIDERED:

*to meet requirements 2 and 4

CITATION	LITERATURE CODE
Apolo AB, Ballman KV, Sonpavde G, et al. Adjuvant Pembrolizumab versus Observation in Muscle-Invasive Urothelial Carcinoma. N Engl J Med. 2025;392(1):45-55. doi:10.1056/NEJMoa2401726. PMID: 39282902.	S
Yanagisawa T, Mori K, Matsukawa A, et al. Adjuvant Immune Checkpoint Inhibitors for Muscle-Invasive Urothelial Carcinoma: An Updated Systematic Review, Meta-analysis, and Network Meta-analysis. Target Oncol. 2025;20(1):57-69. doi:10.1007/s11523-024-01114-4. PMID: 39535690.	2
Holzbeierlein J, Bixler BR, Buckley DI, et al. Treatment of Non-Metastatic Muscle-Invasive Bladder Cancer: AUA/ASCO/SUO Guideline (2017; Amended 2020, 2024). J Urol. 2024;212(1):3-10. doi:10.1097/JU.0000000000003981. PMID: 38661067,	4
Alfred Witjes J, Max Bruins H, Carrión A, et al. European Association of Urology Guidelines on Muscle-invasive and Metastatic Bladder Cancer: Summary of the 2023 Guidelines [published correction appears in Eur Urol. 2024 Jun;85(6):e180. doi: 10.1016/j.eururo.2024.03.002.]. Eur Urol. 2024;85(1):17-31. doi:10.1016/j.eururo.2023.08.016. PMID: 37858453.	4
Alfred Witjes J, Bruins HM, Carrión A, et al. Corrigendum to "European Association of Urology Guidelines on Muscle-invasive and Metastatic Bladder Cancer: Summary of the 2023 Guidelines" [Eur. Urol. 85 (2024) 17-31]. Eur Urol. 2024;85(6):e180. doi:10.1016/j.eururo.2024.03.002. PMID: 38492977.	4
Roumiguié M, Seisen T, Masson-Lecomte A, et al. French AFU Cancer Committee Guidelines - Update 2024-2026: Upper urinary tract urothelial cancer (UTUC). Fr J Urol. 2024;34(12):102722. doi:10.1016/j.fjurol.2024.102722. PMID: 39581669.	4

Literature evaluation codes: S = Literature selected; 1 = Literature rejected = Topic not suitable for scope of content; 2 = Literature rejected = Does not add clinically significant new information; 3 = Literature rejected = Methodology flawed/Methodology limited and unacceptable; 4 = Other (review article, letter, commentary, or editorial)

CONTRIBUTORS:

*to meet requirement 3

PACKET PREPARATION	DISCLOSURES	EXPERT REVIEW	DISCLOSURES
Stacy LaClaire, PharmD	None		
Catherine Sabatos, PharmD	None		
		John D Roberts	None
		Jeffrey Klein	None
		Richard LoCicero	Incyte Corporation Local PI for REVEAL. Study is a multicenter, non-interventional, non-randomized, prospective, observational study in an adult population for patients who have been diagnosed with clinically overt PV and are being followed in either community or academic medical centers in the US who will be enrolled over a 12-month period and observed for 36 months.

ASSIGNMENT OF RATINGS:

*to meet requirement 4

	EFFICACY	STRENGTH OF RECOMMENDATION	COMMENTS	STRENGTH OF EVIDENCE
MERATIVE MICROMEDEX	Evidence Favors Efficacy	Class IIa: Recommended, in Most Cases		B
Jeffrey Klein	Evidence Favors Efficacy	Class IIa: Recommended, in Most Cases	The use of Pembrolizumab to treat advanced urothelial cancer patients demonstrated a much higher degree of disease free survival when compared to patients who did not receive the treatment. The pembrolizumab group had a higher degree of grade 3 and 4 adverse effects over the non-treatment group.	
Todd Gersten	Evidence Favors Efficacy	Class IIa: Recommended, in Most Cases	In a single study, adjuvant pembrolizumab has not yet shown an improvement in overall survivorship versus placebo after surgery for muscle invasive urothelial carcinoma. However, disease free survivorship, including time to local recurrence, was significantly improved.	

Warren Brenner	Effective	Class I: Recommended	This large well conducted randomized clinical trial clearly establishes adjuvant pembro as an option for patients following curative intent surgery for urothelial cancer-the positives include its large size, randomized nature of the trial and multiple different pathological subtypes of disease. Its DFS benefit is clinically meaningful and the toxicity profile is consistent with known 10 toxicity. Although the trial was predominantly white this is not necessarily a negative as it is common in numerous clinical trials and disease settings. The forest plot also confirms benefit in numerous patient subsets. Based on above I believe the treatment is effective and would be recommended.	