COMPENDIA TRANSPARENCY TRACKING FORM

DATE: March 6, 2024

OFF-LABEL ID #: 2655

DRUG NAME: Pembrolizumab

OFF-LABEL USE: Malignant mesothelioma of pleura Previously untreated, advanced, in combination with a platinum agent and pemetrexed

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, S, P *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
Chu, Q, Perrone, F, Greillier, L, et al: Pembrolizumab plus chemotherapy versus chemotherapy in untreated advanced pleural mesothelioma in Canada, Italy, and France: a phase 3, open-label, randomised controlled trial. Lancet Dec 16, 2023; Vol 402, Issue 10419; pp. 2295-2306. Pubmed ID: 37931632	S

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 addition of Pembrolizumab to a chemotherapy regimen for advanced mesothelioma patients who were untreated, showed a higher degree of overall survival than the group that did not get pembrolizumab. The main benefit was seen in the one year pregression free survival analysis. The degree of grade 3/4 adverse effects with pembrolizumab was higher than in the non pembrolizumab group.	
Todd Gersten	Effective	Class IIa: Recommended, in Most Cases	The addition of pembrolizumab to chemotherapy improves several efficacy end points including response rate, 1-year PFS, and (modestly) overall survivorship (just one month). Considering the added toxicity including need for hospitalization,the modest gain in overall survivorship may not be justifiable for all patients (e.g. elderly).	

Warren Brenner	Evidence is Inconclusive	Class IIb: Recommended, in Some Cases	I think this study shows that pembro in combination with standard upfront chemotherapy has modest benefit at best - although the OS is SS i do not believe it is clinically beneficial to warrant the cost and toxicity - a less than 2 month improvement in OS regardless of SS is not clinically beneficial - however as a general theme in oncology there is a small population of patients who seem to derive more benefit based on improvement in 2 and 3yr OS - we need better biomarkers to determine who these patients are - therefore at this time I think the data is inconclusive and would only recommend if we can determine who are the patients most likley to benefit from this regimen.	