IBM Watson Health

COMPENDIA TRANSPARENCY TRACKING FORM

DATE: July 21, 2021

PACKET: 2125

DRUG: Pembrolizumab

USE: Renal cell carcinoma; First-line, in combination with lenvatinib

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, E, R, S *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	STUDY-SPECIFIC COMMENTS	LITERATURE CODE
Bedke J, Albiges L, Capitanio U, et al. The 2021 Updated European Association of Urology Guidelines on Renal Cell Carcinoma: Immune Checkpoint Inhibitor-based Combination Therapies for Treatment-naive Metastatic Clear-cell Renal Cell Carcinoma Are Standard of Care. Eur Urol. 2021 May 29:S0302-2838(21)00322-5.		S
Motzer R, Alekseev B, Rha SY, et al; CLEAR Trial Investigators. Lenvatinib plus Pembrolizumab or Everolimus for Advanced Renal Cell Carcinoma. N Engl J Med. 2021 Apr 8;384(14):1289-1300.	This was an open-label, triple-arm, randomized Phase 3b trial that assessed lenvatinib, with everolimus or pembrolizumab, versus sunitinib in patients with advanced renal cell carcinoma. The risk of potential bias associated with randomization, allocation concealment, performance, detection, and reporting were deemed low. Attrition for the sunitinib arm was higher than the other treatment arms, therefore attrition bias was deemed high risk.	S
Rini BI, Plimack ER, Stus V, et al; KEYNOTE-426 Investigators. Pembrolizumab plus Axitinib versus Sunitinib for Advanced Renal-Cell Carcinoma. N Engl J Med. 2019 Mar 21;380(12):1116-1127.		1
McDermott DF, Lee JL, Ziobro M, et al. Open-Label, Single-Arm, Phase II Study of Pembrolizumab Monotherapy as First-Line Therapy in Patients With Advanced Non-Clear Cell Renal Cell Carcinoma. J Clin Oncol. 2021 Mar 20;39(9):1029-1039.		1

Powles T, Plimack ER, Soulières D, et al. Pembrolizumab plus axitinib versus sunitinib monotherapy as first-line treatment of advanced renal cell carcinoma (KEYNOTE-426): extended follow-up from a randomised, open-label, phase 3 trial. Lancet Oncol. 2020 Dec;21(12):1563-1573. 33284113.		1

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
Megan Smith	None		
Stacy LaClaire, PharmD	None		
Michelle Taracido, PharmD	None		
		John Roberts	None
		Todd Gersten	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
IBM MICROMEDEX	Effective	Class I: Recommended		B
Todd Gersten	Effective	Class I: Recommended	Pembrolizumab in combination with lenvatinib improves progression free and overall survival in the first line management of RCC.	
Richard LoCicero	Effective	Class I: Recommended	Pembrolizumab in combination with lenvatinib is an effective first line therapy for metastatic renal cell carcinoma. Its efficacy was established in a large, phase III randomized trial. It improved PFS and OS. Unexpected toxicities were not observed.	
John Roberts	Effective	Class IIb: Recommended, in Some Cases	In large, randomized trial in first line therapy for advanced renal cell carcinoma, pembrolizumab, an immune checkpoint inhibitor, in combination with a protein tyrosine kinase inhibitor improved overall survival as compared to sunitinib single agent therapy. Therapy was moderately toxic, and only patients with Karnofsky performance status 70 or greater were enrolled. This is an appropriate therapy for similar patients; whether it would benefit patients of lesser performance status is unknown. There are other combination regimens involving immune checkpoint inhibitors in combination with either a second immune checkpoint inhibitor or a protein tyrosine kinase inhibitor that have shown improvements in overall survival.	