PHARMAC
TE PĀTAKA WHAIORANGA

# PROPOSED AMENDMENTS TO FUNDING CRITERIA FOR PEMBROLIZUMAB AND NIVOLUMAB FOR ADVANCED MELANOMA

PHARMAC is proposing to make changes to the funding criteria for pembrolizumab and nivolumab for advanced melanoma and we would appreciate your feedback on the proposed criteria by 4 pm Thursday 7 November.

The proposed amendments are in line with the July 2019 CaTSoP recommendations.

Proposed changes to relevant Special Authority criteria are shown below (additions in bold and deletions in strikethrough) [note information between square brackets denoting chemical name, dose regimen and number of cycles differs for the different chemicals].

Initial application — (unresectable or metastatic melanoma) only from a medical oncologist **or medical practitioner on the recommendation of a medical oncologist**. Approvals valid for 4 months for applications meeting the following criteria:
All of the following:

1. Patient has metastatic or unresectable melanoma **(excluding uveal)** stage III or IV; and
2. Patient has measurable disease as defined by **RECIST version 1.1** ~~the presence of at least one CT or MRI measurable lesion~~; and
3. The patient has ECOG performance score of 0-2; and
4. Either:
   - 4.1. Patient has not received funded [nivolumab/pembrolizumab]; or
   - 4.2. Both:
     - 4.2.1. Patient has received an initial Special Authority approval for [nivolumab/pembrolizumab] and has discontinued [nivolumab/pembrolizumab] within 12 weeks of starting treatment due to intolerance; and
     - 4.2.2. The cancer did not progress while the patient was on [nivolumab/pembrolizumab]; and
5. [nivolumab/pembrolizumab] is to be used at a maximum dose of **no greater than the equivalent of** [3 mg/kg every 2 weeks / 2 mg/kg every 3 weeks] ~~for a maximum of 12 weeks ([6/4] cycles)~~; and
6. Baseline measurement of overall tumour burden is documented (see Note); and
7. Documentation confirming that the patient has been informed and acknowledges that the initial funded treatment period of [nivolumab/pembrolizumab] will not be continued beyond 12 weeks ([6/4] cycles) if their disease progresses during this time.

Renewal — (unresectable or metastatic melanoma) only from a medical oncologist **or medical practitioner on the recommendation of a medical oncologist**. Approvals valid for 4 months for applications meeting the following criteria:
**Either:**

1. All of the following:
   - 1.1. Any of the following:
     - 1.1.1. Patient's disease has had a complete response to treatment according to RECIST criteria (see Note); or
     - 1.1.2. Patient's disease has had a partial response to treatment according to RECIST criteria (see Note); or
     - 1.1.3. Patient has stable disease according to RECIST criteria (see Note); and
   - 1.2. **Either:**

1.2.1. Response to treatment in target lesions has been determined by radiologic assessment (CT or MRI scan) following the most recent treatment period; ~~and~~ **or**

1.2.2. **Both:**

**1.2.2.1. Patient has measurable disease as defined by RECIST version 1.1; and**

**1.2.2.2. Patient's disease has not progressed clinically and disease response to treatment has been clearly documented in patient notes; and**

1.3. No evidence of progressive disease according to RECIST criteria (see Note); and

1.4. The treatment remains clinically appropriate and the patient is benefitting from the treatment; and

1.5. [nivolumab/pembrolizumab] will be used at a maximum dose of **no greater than the equivalent of** [3 mg/kg every 2 weeks / 2 mg/kg every 3 weeks]**; or** ~~for a maximum of 12 weeks ([6/4] cycles).~~

**2. All of the following:**

**2.1. Patient has previously discontinued treatment with [nivolumab/pembrolizumab] for reasons other than severe toxicity or disease progression; and**

**2.2. Patient has signs of disease progression; and**

**2.3. Disease has not progressed during previous treatment with [nivolumab/pembrolizumab]; and**

**2.4. [nivolumab/pembrolizumab] will be used at a maximum dose of no greater than the equivalent of [3 mg/kg every 2 weeks / 2 mg/kg every 3 weeks].**

Notes: **Baseline assessment and d**~~D~~isease responses to be assessed according to the Response Evaluation Criteria in Solid Tumours (RECIST) version 1.1 (Eisenhauer EA, et al. Eur J Cancer 2009;45:228-47). Assessments of overall tumour burden and measurable disease to be undertaken on a minimum of one lesion and maximum of 5 target lesions (maximum two lesions per organ). Target lesions should be selected on the basis of their size (lesions with the longest diameter), be representative of all involved organs, and suitable for reproducible repeated measurements. **Measurable disease includes by CT or MRI imaging or caliper measurement by clinical exam.** Target lesion measurements should be assessed using ~~CT or MRI imaging with~~ the same method of assessment and the same technique used to characterise each identified and reported lesion at baseline and every 12 weeks. Response definitions as follows:

- Complete Response: Disappearance of all target lesions. Any pathological lymph nodes (whether target or non-target) must have reduction in short axis to < 10 mm.
- Partial Response: At least a 30% decrease in the sum of diameters of target lesions, taking as reference the baseline sum diameters.
- Progressive Disease: At least a 20% increase in the sum of diameters of target lesions, taking as reference the smallest sum on study (this includes the baseline sum if that is the smallest on study). In addition to the relative increase of 20%, the sum must also demonstrate an absolute increase of at least 5 mm. (Note: the appearance of one or more new lesions is also considered progression).
- Stable Disease: Neither sufficient shrinkage to qualify for partial response nor sufficient increase to qualify for progressive disease.