

## Pembrolizumab 400mg Monotherapy

### INDICATIONS FOR USE:

| INDICATION  | ICD10 | Regimen Code | HSE approved reimbursement status*       |
|---|-------|--------------|--|
| First-line treatment of metastatic non-small cell lung carcinoma (NSCLC) in adults whose tumours express PD-L1 with a $\geq 50\%$ tumour proportion score (TPS) with no EGFR mutations or ALK translocations.   | C34   | 00558a       | ODMS<br>01/04/2018                       |
| As monotherapy for the treatment of adults with unresectable or advanced melanoma.  | C43   | 00558b       | ODMS<br>June 2016                        |
| For the treatment of ipilimumab-refractory patients with unresectable or advanced metastatic melanoma.  | C43   | 00558c       | ODMS<br>June 2016                        |
| As monotherapy for the treatment of locally advanced or metastatic urothelial carcinoma in adults who have received prior platinum-containing chemotherapy.   | C67   | 00558e       | ODMS<br>01/02/2021                       |
| As monotherapy is indicated for the treatment of locally advanced or metastatic urothelial carcinoma in adults who are not eligible for cisplatin-containing chemotherapy whose tumours express PD-L1 with a combined positive score (CPS) $\geq 10$ .      | C67   | 00558f       | ODMS<br>01/02/2021                       |
| As monotherapy is indicated for the adjuvant treatment of adults with Stage III melanoma and lymph node involvement who have undergone complete resection   | C43   | 00558g       | ODMS<br>01/05/2021                       |
| As monotherapy for the first-line treatment of metastatic or unresectable recurrent head and neck squamous cell carcinoma (HNSCC) in adults whose tumours express PD-L1 with a CPS $\geq 1$ .   | C76   | 00558h       | ODMS<br>20/12/2021                       |
| As monotherapy for the treatment of adult patients with relapsed or refractory (R/R) classical Hodgkin lymphoma (cHL) who have failed autologous stem cell transplant (ASCT) or following at least two prior therapies when ASCT is not a treatment option. | C81   | 00558i       | ODMS<br>01/02/2022                       |
| As monotherapy for the treatment of recurrent, or metastatic cervical cancer with disease progression on or after chemotherapy in adults whose tumours express PD-L1 with a CPS $\geq 1$ <sup>i</sup>   | C53   | 00558j       | Reimbursement by exception <sup>ii</sup> |
| First-line treatment of metastatic microsatellite instability-high (MSI-H) or mismatch repair deficient (dMMR) colorectal cancer (CRC) in adults.   | C18   | 00558k       | ODMS<br>01/04/2023                       |
| As monotherapy for the adjuvant treatment of adults with Stage IIB or IIC melanoma and who have undergone complete resection.   | C43   | 00558l       | N/A                                      |
| For the adjuvant treatment of adult patients with renal cell carcinoma (RCC) at increased risk of recurrence following nephrectomy, or following nephrectomy and resection of metastatic lesions.   | C64   | 00558m       | N/A                                      |

\*This is for post 2012 indications only

### TREATMENT:

*The starting dose of the drugs detailed below may be adjusted downward by the prescribing clinician, using their independent medical judgement, to consider each patient's individual clinical circumstances.*

Pembrolizumab is administered once every 42 days (6 weeks) until disease progression or unacceptable toxicity develops.

**For adjuvant treatment of melanoma and renal cell carcinoma (RCC) , the maximum treatment duration with pembrolizumab is 12 months.**

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| Tumour Group: Lung / Skin/Melanoma / Lymphoma / Genitourinary / Head and Neck/ Gynaecology/Gastrointestinal<br>NCCP Regimen Code: 00558   | ISMO Contributor: Prof Michaela Higgins, Dr Deirdre O'Mahony, Prof Maccon Keane, Dr Cliona Grant, Prof Fergal Kelleher | Page 1 of 9       |
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For patients who achieve a satisfactory objective response according to the treating clinician’s judgement and who have no signs of progression at 24 months of treatment, the discontinuation of the treatment should be taken into consideration.

Atypical responses (i.e., an initial transient increase in tumour size or small new lesions within the first few months followed by tumour shrinkage) have been observed. It is recommended to continue treatment for clinically stable patients with initial evidence of disease progression until disease progression is confirmed.

Facilities to treat anaphylaxis **MUST** be present when pembrolizumab is administered.

| Day  | Drug          | Dose  | Route       | Diluent & Rate                  | Cycle                   |
|--|---------------|-------|-------------|---------------------------------|-------------------------|
| 1  | Pembrolizumab | 400mg | IV infusion | 100mL 0.9% NaCl over 30 minutes | Every 42 days (6 weeks) |
| Pembrolizumab is diluted to a final concentration ranging from 1-10mg/ml.            |               |       |             |                                 |                         |
| Administer using a low-protein binding 0.2 to 5 micrometre in-line or add-on filter. |               |       |             |                                 |                         |

Note: Administration volumes and fluids have been standardised to facilitate electronic prescribing system builds.

## ELIGIBILITY:

- Indications as above
- Adequate haematological, hepatic and renal function
- **First line Non-Small Cell Lung Cancer**
  - Histologically or cytologically confirmed stage IV NSCLC with no sensitizing EGFR mutations or ALK translocations
  - ECOG status 0-1
  - Confirmation of PD-L1 tumour proportion score of 50% or greater by a validated test
  - No previous systemic therapy for metastatic disease
- **Melanoma**
  - Advanced:
    - No more than one previous systemic treatment for advanced disease
    - ECOG status 0-1
  - Adjuvant Stage III:
    - Melanoma with involvement of lymph nodes or metastatic disease who have undergone complete resection
    - ECOG status 0-1
  - Adjuvant Stage IIB/IIC:
    - Confirmed new diagnosis of Stage IIB or IIC cutaneous melanoma per American Joint Committee (AJCC) on Cancer 8th edition guidelines
    - Adjuvant pembrolizumab should start within 12 weeks of surgery
    - ECOG status 0-1
- **Classical Hodgkin Lymphoma**
  - Consider the benefit of treatment with pembrolizumab versus the risk of possible GVHD in patients with a history of allogeneic HSCT
  - ECOG status 0-1

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- **Urothelial carcinoma second- line:**
  - Histologically or cytologically confirmed urothelial carcinoma of the renal pelvis, ureter, bladder or urethra that shows predominantly transitional-cell features on histologic testing
  - ECOG 0-2
  - Have had progression or recurrence of urothelial cancer following receipt of a first-line platinum-containing regimen (CISplatin or CARBOplatin)
- **Urothelial carcinoma first-line**
  - Histologically- or cytologically-confirmed diagnosis of advanced/unresectable (inoperable) or metastatic urothelial cancer of the renal pelvis, ureter, bladder, or urethra (transitional cell and mixed transitional/non-transitional cell histologies)
  - Ineligible for CISplatin therapy
  - ECOG 0-2
  - PD-L1 with a combined positive score (CPS) >10 as demonstrated by a validated assay method
- **Head and neck squamous cell carcinoma (HNSCC)**
  - Histologically or cytologically-confirmed recurrent or metastatic head and neck squamous cell carcinoma considered incurable by local therapies
  - Primary HNSCC tumour excluding cancers of the nasopharynx
  - ECOG 0-2
  - PD-L1 with a combined positive score (CPS) ≥1 as demonstrated by a validated assay method
- **Cervical:**
  - ECOG 0-2
  - PD-L1 with a combined positive score (CPS) ≥1 as demonstrated by a validated test method
- **Metastatic colorectal cancer:**
  - ECOG 0-2
  - Histologically confirmed dMMR/MSI-high CRC as demonstrated by a validated test method
- **Renal cell carcinoma:**
  - Histologically confirmed diagnosis of clear cell RCC
  - ECOG 0-2
  - Treatment should start within 12 weeks of surgery

## CAUTION:

- History of serious autoimmune disease
- Immunosuppressive doses of systemic corticosteroids or other immunosuppressive medication(s) (defined as >10mg prednisolone/daily (or steroid equivalent, excluding inhaled or topical steroids)
- Any active clinically significant infection requiring therapy
- Untreated brain metastases

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## EXCLUSIONS:

- Hypersensitivity to pembrolizumab or any of the excipients
- Information regarding prior therapy with an anti PD-1 or anti PD-L1 antibody is available [here](#)
- History of interstitial lung disease
- HNSCC: Progressive disease within six months of completion of curatively intended systemic treatment for locoregionally advanced HNSCC

## PRESCRIPTIVE AUTHORITY:

The treatment plan must be initiated by a Consultant Medical Oncologist or Consultant Haematologist experienced in the treatment of haematological malignancies

## TESTS:

### Baseline tests:

- FBC, renal and liver profile
- Blood glucose
- Thyroid function tests.
- Virology Screen: Hepatitis B (HBsAg, HBcoreAb) and Hepatitis C
- NSCLC, 1L urothelial cancer, HNSCC, cervical cancer: PD-L1 expression using a validated test method

### Regular tests:

- FBC, renal and liver profile prior to each cycle
- Blood glucose prior to each cycle
- Thyroid Function Tests every 3 to 6 weeks

### Disease monitoring:

Disease monitoring should be in line with the patient’s treatment plan and any other test/s as directed by the supervising Consultant.

## DOSE MODIFICATIONS:

- Any dose modification should be discussed with a Consultant.
- Management of immune-related adverse reactions may require withholding of a dose or permanent discontinuation of pembrolizumab therapy and institution of systemic high-dose corticosteroid.
- Dose reduction is not recommended.
- Guidelines for withholding of doses or permanent discontinuation are described below in Table 1.

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**Table 1: Recommended treatment modifications for pembrolizumab**

| Immune-related adverse reactions                | Severity (NCI-CTCAE v.4 grading)   | Treatment modification   |
|---|--|--|
| <b>Pneumonitis</b>                              | Grade 2  | Withhold*  |
|   | Grade 3 or 4, or recurrent Grade 2   | Permanently discontinue  |
| <b>Colitis</b>                                  | Grade 2 or 3   | Withhold*  |
|   | Grade 4 or recurrent Grade 3   | Permanently discontinue  |
| <b>Nephritis</b>                                | Grade 2 with creatinine > 1.5 to ≤ 3 times upper limit of normal (ULN)   | Withhold*  |
|   | Grade ≥ 3 with creatinine > 3 times ULN  | Permanently discontinue  |
| <b>Endocrinopathies</b>                         | Grade 2 adrenal insufficiency and hypophysitis   | Withhold treatment until controlled by hormone replacement   |
|   | Grades 3 or 4 adrenal insufficiency or symptomatic hypophysitis  | Withhold*  |
|   | Type 1 diabetes associated with Grade ≥ 3 hyperglycaemia (glucose > 250 mg/dL or > 13.9 mmol/L) or associated with ketoacidosis            | For patients with Grade 3 or Grade 4 endocrinopathy that improved to Grade 2 or lower and is controlled with hormone replacement, if indicated, continuation of pembrolizumab may be considered after corticosteroid taper, if needed. Otherwise treatment should be discontinued. |
|   | Hyperthyroidism Grade ≥ 3  |  |
| Hypothyroidism                                  | Hypothyroidism may be managed with replacement therapy without treatment interruption.   |  |
| <b>Hepatitis</b>                                | Grade 2 with aspartate aminotransferase (AST) or alanine aminotransferase (ALT) > 3 to 5 times ULN or total bilirubin > 1.5 to 3 times ULN | Withhold*  |
|   | Grade ≥ 3 with AST or ALT > 5 times ULN or total bilirubin > 3 times ULN   | Permanently discontinue  |
|   | In case of liver metastasis with baseline Grade 2 elevation of AST or ALT, hepatitis with AST or ALT increases ≥ 50% and lasts ≥ 1 week    |  |
| <b>Skin reactions</b>                           | Grade 3 or suspected Stevens-Johnson syndrome (SJS) or toxic epidermal necrolysis (TEN)  | Withhold*  |
|   | Grade 4 or confirmed SJS or TEN  | Permanently discontinue  |
| <b>Other immune-related adverse reactions**</b> | Based on severity and type of reaction (grade 2 or Grade 3)  | Withhold*  |
|   | Grade 3 or 4 myocarditis   | Permanently discontinue  |
|   | Grade 3 or 4 encephalitis  |  |
|   | Grade 3 or 4 Guillain-Barre syndrome   |  |
| Grade 4 or recurrent Grade 3                    |  |  |
| <b>Infusion-related reactions</b>               | Grade 3 or 4   | Permanently discontinue  |

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- \* Until adverse reactions recover to Grade 0-1. If treatment related toxicity does not resolve to Grade 0-1 within 12 weeks after last dose of pembrolizumab or if corticosteroid dosing cannot be reduced to  $\leq 10$ mg prednisone or equivalent per day within 12 weeks, pembrolizumab should be permanently discontinued
- \*\*Pembrolizumab should be permanently discontinued for Grade 4 or recurrent Grade 3 immune-related adverse reactions, unless otherwise specified in Table 1.

## Renal and Hepatic Impairment:

**Table 2: Dose modification of pembrolizumab in renal and hepatic impairment**

| Renal Impairment                                      |   | Hepatic Impairment     |   |
|---|---|------------------------|---|
| No dose adjustment is needed                          |   | <b>Mild</b>            | No dose adjustment is needed            |
| <b>Haemodialysis</b>                                  | No need for dose adjustment is expected | <b>Moderate/Severe</b> | No need for dose adjustment is expected |
| Renal and hepatic recommendations: Giraud et al, 2023 |   |                        |   |

## SUPPORTIVE CARE:

### EMETOGENIC POTENTIAL:

- As outlined in NCCP Classification Document for Systemic AntiCancer Therapy (SACT) Induced Nausea and Vomiting linked [here](#)

Minimal (**Refer to local policy**).

#### For information:

Within NCIS regimens, antiemetics have been standardised by Medical Oncologists and Haemato-oncologists and information is available in the following documents:

- NCCP Supportive Care Antiemetic Medicines for **Inclusion in NCIS** (Medical Oncology) - link [here](#)
- NCCP Supportive Care Antiemetic Medicines for **Inclusion in NCIS** (Haemato-oncology) - link [here](#)

**PREMEDICATIONS:** Not usually required

### OTHER SUPPORTIVE CARE:

- Women of childbearing potential should use effective contraception during treatment with pembrolizumab and for at least 4 months after the last dose of pembrolizumab.

## ADVERSE EFFECTS

- Please refer to the relevant Summary of Product Characteristics(SmPC) for full details.

## DRUG INTERACTIONS:

- Current SmPC and drug interaction databases should be consulted for information.

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## COMPANY SUPPORT RESOURCES/Useful Links:

Please note that this is for information only and does not constitute endorsement by the NCCP

### Patient Guide

<https://www.hpra.ie/img/uploaded/swedocuments/896369cd-ec45-4e3a-978f-bacea851002e.pdf>

### Patient Card

<https://www.hpra.ie/img/uploaded/swedocuments/094590ae-1f3d-4b15-b76e-3b16bd642782.pdf>

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| Version | Date       | Amendment   | Approved By                                  |
|---------|------------|---|--|
| 1       | 10/04/2019 |   | Dr Deirdre O'Mahony<br>Prof Michaela Higgins |
| 2       | 10/07/2019 | Update of indication for 00558b   | Prof Maccon Keane                            |
| 3       | 21/08/2019 | Addition of first line and second line indications for urothelial cancer  | Prof Maccon Keane                            |
| 4       | 23/9/2020  | Updated management of adverse events in line with SmPC update.<br>Addition of adjuvant melanoma indication.   | Prof Maccon Keane                            |
| 5       | 01/02/2021 | Updated reimbursement status  | Prof Maccon Keane                            |
| 6       | 30/4/2021  | Updated indication for 00558g<br>Updated reimbursement status   | Prof Maccon Keane                            |
| 7       | 09/09/2021 | Reviewed. Amended Table 1 (symbols re nephritis and endocrinopathies). Updated company support resources.   | Prof Maccon Keane                            |
| 8       | 22/12/2021 | Updated indication for 00558h<br>Updated reimbursement status<br>Updated table 1 in line with SmPC.   | Dr Cliona Grant                              |
| 9       | 26/01/2022 | Updated: deactivation of 00558d and inclusion of indication 00558i.<br>Updated reimbursement status.  | Prof Maccon Keane                            |
| 10      | 01/04/2023 | Addition of cervical and mCRC indications   | Prof Maccon Keane                            |
| 11      | 13/08/2024 | New indication added (00558I). Exclusions section updated with regard to previous PD-1/PD-L1 treatment. Renal and hepatic dose modifications aligned to Giraud et al 2023 recommendations. Regimen updated as per NCCP standardisation. | Prof Fergal Kelleher                         |
| 12      | 12/09/2024 | Adjuvant RCC indication added. Cautions and exclusions sections amended.  | Prof Maccon Keane                            |

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<sup>i</sup> This is an unlicensed indication for the use of pembrolizumab in Ireland. Patients should be informed of this and consented to treatment in line with the hospital's policy on the use of unlicensed medication and unlicensed or "off label" indications. Prescribers should be fully aware of their responsibility in communicating any relevant information to the patient and also ensuring that the unlicensed or "off label" indication has been acknowledged by the hospital's Drugs and Therapeutics Committee, or equivalent, in line with hospital policy.

<sup>ii</sup> Contact [oncologydrugs@cancercontrol.ie](mailto:oncologydrugs@cancercontrol.ie) for clarification

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