IBM Watson Health

COMPENDIA TRANSPARENCY TRACKING FORM

DATE: 8/13/2019

PACKET: 1766

DRUG: Lenalidomide

USE: Chronic lymphoid leukemia, disease; Maintenance, after chemotherapy

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, 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
Byrd,J.C., Ruppert,A.S., Heerema,N.A., et al: Lenalidomide consolidation benefits patients with CLL receiving chemoimmunotherapy: results for CALGB 10404 (Alliance). Blood Adv Jul 24, 2018; Vol 2, Issue 14; pp. 1705-1718.	This was an open-label, randomized Phase 2 trial that investigated four treatment regimens in untreated CLL patients. Only patients with stable disease or better after induction therapy proceeded to lenalidomide consolidation. The risk of potential bias associated with randomization, attrition, and reporting were deemed low. The risk of potential bias associated with allocation concealment, performance, and detection were deemed high due to the open-label design of the trial.	S
Chanan-Khan,A.A., Zaritskey,A., Egyed,M., et al: Lenalidomide maintenance therapy in previously treated chronic lymphocytic leukaemia (CONTINUUM): a randomised, double-blind, placebo-controlled, phase 3 trial. Lancet Haematol Nov 2017; Vol 4, Issue 11; pp. e534-e543.	This was a double-blind, randomized Phase 3 trial that investigated Lenalidomide versus placebo in previously treated CLL patients. The risk of potential bias associated with randomization, allocation concealment, performance, detection, attrition, and reporting were all deemed low.	S
Fink,A.M., Bahlo,J., Robrecht,S., et al: Lenalidomide maintenance after first-line therapy for high-risk chronic lymphocytic leukaemia (CLLM1): final results from a randomised, double-blind, phase 3 study. Lancet Haematol Oct 2017; Vol 4, Issue 10; pp. e475-e486.	This was a double-blind, randomized Phase 3 trial that investigated Lenalidomide versus placebo in a high-risk population of CLL patients. The risk of potential bias associated with randomization, allocation concealment, performance, detection, attrition, and reporting were all deemed low. Other sources of bias due to slow study recruitment were deemed high risk.	S
Owen,C., Gerrie,A.S., Banerji,V., et al. Canadian evidence-based guideline for the first-line treatment of chronic lymphocytic leukemia. Curr Oncol. 2018 Oct; 25(5): e461-e474.		S

Schuh,A.H., Parry-Jones,N., Appleby,N., et al. Guideline for the treatment of chronic lymphocytic leukaemia: A British Society for Haematology Guideline. British Journal of Haematology, 2018; 182; 344–359.		S
Egle,A., Steurer,M., Melchardt,T., et al: Fludarabine and rituximab with escalating doses of lenalidomide followed by lenalidomide/rituximab maintenance in previously untreated chronic lymphocytic leukaemia (CLL): the REVLIRIT CLL-5 AGMT phase I/II study. Ann Hematol. Jun 04, 2018; Vol Epub, p. Epub.		2
Chang,J.E., Havighurst,T., Kim,K., et al: Bendamustine + rituximab chemoimmunotherapy and maintenance lenalidomide in relapsed, refractory chronic lymphocytic leukaemia and small lymphocytic lymphoma: a Wisconsin Oncology Network study. Br J Haematol Apr 2016; Vol 173, Issue 2; pp. 283-291.		3
Eichhorst,B., Robak,T., Montserrat,E., et al: Chronic lymphocytic leukaemia: ESMO clinical practice guidelines for diagnosis, treatment and follow-up. Ann Oncol Sep 2015; Vol 26 Suppl 5, pp. v78-v84.		1

Fink, AM, Bahlo, J, and Sandra, R: Lenalidomide maintenance after front line therapy substantially prolongs progression free survival in high risk CLL: interim results of a phase 3 study (CLL M1 study of the German CLL Study Group). Blood 2016; Vol 128, Issue 22; p. 229.		2
Gottlieb, D, Aurran, T, Tam, CS, et al: Interim analysis of lenalidomide consolidation on minimal residual disease in patients with chronic lymphocytic leukemia following initial FCR chemotherapy-CLL6 residuum study of the australian leukaemia and lymphoma group (ALLG) and the French innovative leukemia organization (FILO). Blood 2016; Vol 128, Issue 22; p. 2053.		2

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		
Margi Schiefelbein, PA	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
IBM MICROMEDEX	Evidence is Inconclusive	Class III: Not Recommended		B
Richard LoCicero	Evidence is Inconclusive	Class III: Not Recommended	The addition of lenalidomide maintenance in the treatment of Chronic lymphoid leukemia (CLL) has been shown to improve progression free survival, without a survival advantage or other clinical benefits. Available evidence is inadequate to support the use of lenalidomide as maintenance therapy.	
Jeffrey Klein	Evidence Favors Efficacy	Class IIa: Recommended, in Most Cases	The use of Lenalidomide as maintenance monotherapy in CLL patients has a good degree of efficacy in the progression free survival aspect. The amount and degree of adverse effects needs to be considered.	
John Roberts	Evidence is Inconclusive	Class III: Not Recommended	Lenalidomide maintenance therapy following chemoimmunotherapy induction for chronic lymphoid leukemia may prolong disease free survival. This effect is variable among different molecularly definable CLL subtypes. This effect may also be a function of dose intensity. Adverse effects of lenalidomide are potentially significant and increase with dose intensity. Results to date do not confirm improvement in overall survival. Based upon risk benefit ratio, results to date do not justify clinical use.	