



COMPENDIA TRANSPARENCY TRACKING FORM

DATE: August 2015

PACKET: 1219

DRUG: Cladribine

INDICATION: Systemic mastocytosis

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 *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
<p>Lim,K.H., Pardanani,A., Butterfield,J.H., et al: Cytoreductive therapy in 108 adults with systemic mastocytosis: Outcome analysis and response prediction during treatment with interferon-alpha, hydroxyurea, imatinib mesylate or 2-chlorodeoxyadenosine. American Journal of Hematology Dec 2009; Vol 84, Issue 12; pp. 790-794.</p>	<p>This was a retrospective study. There was low risk of bias with the selection of the cohort and assessment of outcome. Data was gathered from medical records. All subjects were included in the analyses. A major caveat of the study was the absence of a control group or active comparator.</p>	<p>S</p>
<p>Barete,S., Lortholary,O., Damaj,G., et al: Long-term efficacy and safety of cladribine (2-CdA) in adult patients with mastocytosis. Blood May 22, 2015; Vol E pub, p. 1.</p>	<p>This was a retrospective study. There was low risk of bias with the selection of the cohort and assessment of outcome. Data was gathered from medical records. All subjects were included in the analyses. A major caveat of the study was the absence of a control group or active comparator.</p>	<p>S</p>
<p>Hermine,O., Hirsh,I., Damaj,G., et al: Long term efficacy and safety of cladribine in adult systemic mastocytosis: A French multicenter study of 44 patients. Blood Nov 19, 2010; Vol 116, Issue 21.</p>		<p>3</p>
<p>Kluin-Nelemans,H.C., Oldhoff,J.M., van Doormaal,J.J., et al: Cladribine therapy for systemic mastocytosis. Blood Dec 15, 2003; Vol 102, Issue 13; pp. 4270-4276.</p>		<p>3</p>

<p>Bennett,M. and Chubar,Y.: Response of urticaria pigmentosa to cladribine in a patient with systemic mastocytosis. British Journal of Haematology Feb 2013; Vol 160, Issue 4; pp. 420-420.</p>		<p>3</p>
<p>Pardanani,A.: Systemic mastocytosis in adults: 2015 update on diagnosis, risk stratification, and management. Am J Hematol Mar 2015; Vol 90, Issue 3; pp. 250-262.</p>		<p>4</p>
<p>Nieva,J. and Saven,A.: Cladribine activity in systemic mast cell disease: Application of biochemistry in the modern era of molecular biology. Leukemia Research Feb 2004; Vol 28, Issue 2; pp. 113-114.</p>		<p>4</p>

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
Catherine Sabatos, PharmD	None	Edward Balaban, DO	None
Stacy LaClaire, PharmD	None	Jeffrey A. Bubis, DO	None
Felicia Gelsey, MS	None	James E. Liebmann, MD	None

ASSIGNMENT OF RATINGS:

*to meet requirement 4

	EFFICACY	STRENGTH OF RECOMMENDATION	COMMENTS	STRENGTH OF EVIDENCE
MICROMEDEX	---	---		B
Edward Balaban, DO	Evidence Favors Efficacy	Class IIa: Recommended, in Most Cases	It's difficult to choose between IIa and IIb; nevertheless, this drug clearly has efficacy. It is a well-tolerated treatment with good, rather enduring results across the spectrum of mastocytosis. Therefore, my choice is Class IIa.	N/A
Jeffrey A. Bubis, DO	Evidence Favors Efficacy	Class IIb: Recommended, in Some Cases	In heavily pre-treated patients with limited options, Leustatin offers an option; however, this is at the cost of potentially significant hematologic toxicity that could result in an infectious death.	N/A

James E. Liebmann, MD	Evidence Favors Efficacy	Class IIa: Recommended, In Most Cases	Cladribine is an active drug in this disease. The major question that the reviewed articles do not address is, should the preferred treatment of systemic mastocytosis be cladribine or alpha-interferon? Additionally, imatinib is FDA approved for the small group of patients with systemic mastocytosis who lack the D816V mutation in KIT, and so would be the drug of choice in this small subset of patients. Overall, however, cladribine will be a reasonable treatment choice for most patients with systemic mastocytosis.	N/A
				N/A
				N/A