IBM Watson Health

COMPENDIA TRANSPARENCY TRACKING FORM

DATE: 6/27/2019

PACKET: 1905

DRUG: Nilotinib Hydrochloride

USE: Philadelphia chromosome-positive acute lymphoblastic leukemia; Newly diagnosed, in combination with 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, R, L, 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
Kim DY, Joo YD, Lim SN et al. Nilotinib combined with multiagent chemotherapy for newly diagnosed Philadelphia-positive acute lymphoblastic leukemia. Blood. 2015; 126 (6):746-756.	This was a multicenter, open-label, single-arm phase II clinical trial that assessed the safety and efficacy of nilotinib added to chemotherapy in Philadelphia-chromosome-positive ALL patients. There was low risk of bias associated with selection of cohorts and assessment of outcomes. Data was gathered prospectively for objective outcomes, and all subjects were included in the analyses. No additional biases were detected.	S
Liu,B., Wang,Y., Zhou,C., et al: Nilotinib combined with multi-agent chemotherapy in newly diagnosed Philadelphia chromosome-positive acute lymphoblastic leukemia: a single-center prospective study with long-term follow-up. Ann Hematol Mar 04, 2019; Vol 98, Issue 3; pp. 633-645.	This was a single-center, open-label, single-arm phase II clinical trial that assessed the safety and efficacy of nilotinib added to chemotherapy in newly diagnosed Philadelphia-chromosome-positive ALL patients. There was low risk of bias associated with selection of cohorts and assessment of outcomes. Data was gathered prospectively for objective outcomes, and all subjects were included in the analyses. No additional biases were detected.	S
Hoelzer,D., Bassan,R., Dombret,H., et al: Acute lymphoblastic leukaemia in adult patients: ESMO Clinical Practice Guidelines for diagnosis, treatment and follow-up. Ann.Oncol Sep 2016; Vol 27, Issue suppl 5; pp. v69-v82.		S

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		
Catherine Sabatos, PharmD	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 Favors Efficacy	Class IIa: Recommended, in Most Cases		B
John Roberts	Evidence Favors Efficacy	Class IIa: Recommended, in Most Cases	Imatinib, a first generation tyrosine kinase inhibitor targeting the bcr-abl translocation, in combination with chemotherapy is the accepted standard treatment of Philadelphia chromosome positive acute lymphoblastic leukemia in adults. In single arm studies nilotinib, a second generation TKI, in combination with chemotherapy showed effectiveness similar to previous studies of imatinib in combination with chemotherapy. The combination was safe and reasonably tolerated. Nilotinib has a different side effect profile than imatinib, and may be better tolerated, at least in some patients. There are theoretical reasons both to prefer and not prefer nilotinib. Some have suggested that chemotherapy should be adjusted to be less dose intense when given with a TKI.	

Richard LoCicero	Effective	Class I: Recommended	Two phase II trials have established the effectiveness of nilotinib in combination with chemotherapy for the treatment for Ph+ALL. No unexpected toxicities were identified.	
Jeffrey Klein	Evidence Favors Efficacy	Class IIb: Recommended, in Some Cases	The use of Nilotinib with other chemotherapy to treat newly diagnosed Philadelphia chromosome positive ALL patients has a good overall response. However the degree of serious adverse effects may limit its use. The advantage of Nilotinib over currently existing similar products needs to be further evaluated.	