IBM Watson Health

COMPENDIA TRANSPARENCY TRACKING FORM

DATE: October 14, 2021

PACKET: 1883

DRUG: Rituximab

USE: Immune thrombocytopenia; In combination with a corticosteroid

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
Neunert, C, Terrell, DR, Arnold, DM, et al: American Society of Hematology 2019 guidelines for immune thrombocytopenia. Blood Adv Dec 10, 2019; Vol 3, Issue 23; pp. 3829-3866.		S
Provan, D, Arnold, DM, Bussel, JB, et al: Updated international consensus report on the investigation and management of primary immune thrombocytopenia. Blood Adv Nov 26, 2019; Vol 3, Issue 22; pp. 3780-3817.		2
Chugh, S, Darvish-Kazem, S, Lim, W, et al: Rituximab plus standard of care for treatment of primary immune thrombocytopenia: a systematic review and meta-analysis. Lancet Haematol Feb 2015; Vol 2, Issue 2; pp. e75-381	This was a systematic review and meta-analysis that assessed rituximab for treatment of patients with primary immune thrombocytopenia. Five randomized clinical trials were included. The quality of included studies was assessed using the Cochrane risk of bias tool, and all studies were judged to be low to moderate risk. The authors conducted a systematic literature search and provided information about study eligibility criteria, heterogeneity, and statistical methods. The statistical model was appropriate.	S
Yang,R., Lin,L., Yao,H., et al: Therapeutic options for adult patients with previously treated immune thrombocytopenia - a systematic review and network meta-analysis. Hematology Dec 2019; Vol 24, Issue 1; pp. 290-299.		2

Puavilai, T, Thadanipon, K, Rattanasiri, S, et al: Treatment efficacy for adult persistent immune thrombocytopenia: a systematic review and network meta-analysis. Br J Haematol Feb 2020; Vol 188, Issue 3; pp. 450-459.		2
Wang,J., Li,Y., Wang,C., et al: Efficacy and safety of the combination treatment of rituximab and dexamethasone for adults with primary immune thrombocytopenia (ITP): a meta-analysis. Biomed Res Int 2018; Vol 2018, p. 1316096.		4
Li, Y, Shi, Y, He, Z, et al: The efficacy and safety of low-dose rituximab in immune thrombocytopenia: a systematic review and meta-analysis. Platelets 2019; Vol 30, Issue 6; pp. 690-697.		3

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 Roberts	None
		Todd Gersten	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 III: Not Recommended		B
Todd Gersten	Evidence Favors Efficacy	Class IIb: Recommended, in Some Cases	The quality of the research supporting the use of Rituximab is relatively weak, with evidence for efficacy being based largely on a meta-analysis that was a mix of first line and later line patients. The available collective data reflects that Rituximab, when added to steroids, will increase the platelet count more effectively than steroids alone, but without a significant reduction in bleeding events. What the data does not reveal/reflect is that Rituximab clinically offers a short course of treatment with the potential for durable long term remission in some patients. Other second line options, mainly TPOs which do not address the underlying mechanism of disease, bind patients to indefinite therapy…many for life. Without stronger head to head data versus other second line options, the use of Rituximab is a personal choice between clinician and patient. In the first line, single agent glucocorticoid therapy, based on cost effectiveness, appears to remain the standard of care.	
Richard LoCicero	Effective	Class III: Not Recommended	Rituximab has established efficacy in the management of ITP. However, its use in combination with corticosteroids as a first line therapy has not been shown to improve health outcomes.	
John Roberts	Evidence is Inconclusive	Class III: Not Recommended	None of five small trials of addition of rituximab to a corticosteroid regimen in the treatment of immune thrombocytopenia show improvement in bleeding, which is the primary clinical endpoint of interest. Data on change in platelet count are suggestive of benefit, but these results are inconsistent across the trials. Further, the trials did not show an increase in infection with rituximab, which indicates low trial quality, as infection is an established, fairly common complication. Overall, the results are suggestive but not convincing, and there are alternative treatments.	