IBM Watson Health

COMPENDIA TRANSPARENCY TRACKING FORM

DATE: May 20, 2021

PACKET: 2105

DRUG: Zanubrutinib

USE: Chronic lymphoid leukemia, disease; or Malignant lymphoma - small lymphocytic

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
Tam CS, Robak T, Ghia P, et al. Zanubrutinib monotherapy for patients with treatment naïve chronic lymphocytic leukemia and 17p deletion. Haematologica. 2020 Oct 13;Online ahead of print.	This was a non-randomized cohort that was part of a multicenter phase 3 trial. This arm of the trial assessed zanubrutinib for the treatment of patients with CLL or SLL and the del(17p) mutation. The risk of potential bias associated with confounding, selection of cohorts, classification of interventions, deviation from intervention, missing data, and selective reporting were deemed low risk. The risk of bias in measurement of outcome was deemed high due to the study having multiple sites and no central outcome assessment.	S
Xu, W, Yang, S, Zhou, K, et al: Treatment of relapsed/refractory chronic lymphocytic leukemia/small lymphocytic lymphoma with the BTK inhibitor zanubrutinib: phase 2, single-arm, multicenter study. J Hematol Oncol May 11, 2020; Vol 13, Issue 1; p. 48.	This was a multicenter, single-arm, phase 2 trial that assessed zanubrutinib for the treatment of Chinese patients with relapsed/refractory CLL or SLL. The risk of potential bias associated with confounding, selection of cohorts, classification of interventions, deviation from intervention, missing data, measurement of outcome, and selective reporting were deemed low risk. The primary endpoint was ORR assessed by independent central review.	S
Tam, CS, Quach, H, Nicol, A, et al: Zanubrutinib (BGB-3111) plus obinutuzumab in patients with chronic lymphocytic leukemia and follicular lymphoma. Blood Adv Oct 13, 2020; Vol 4, Issue 19; pp. 4802-4811.		2
Gordon, MJ and Danilov, AV: The evolving role of Bruton's tyrosine kinase inhibitors in chronic lymphocytic leukemia. Ther Adv Hematol Jan 30, 2021; Vol 12, p.		4

Geethakumari, PR and Awan, F: An evaluation of zanubrutinib, a BTK inhibitor, for the treatment of chronic lymphocytic leukemia. Expert Rev Hematol Oct 2020; Vol 13, Issue 10; pp. 1039-1046.		4

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
		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 IIb: Recommended, in Some Cases		B
Jeffrey Klein	Evidence Favors Efficacy	Class IIa: Recommended, in Most Cases	Zanbrutinib demonstrated an overall favorable response rate for CLL and small lymphocytic lymphoma patients. The studied were relatively small and comorbities must be considered before treatment starts as a higher degree of adverse effects was seen.	
Richard LoCicero	Effective	Class IIb: Recommended, in Some Cases	Efficacy is established by clinical trials. Toxicity and activity may differ among drugs in this class (BTK TKIs).	
John Roberts	Evidence Favors Efficacy	Class III: Not Recommended	In single arm trials in previously untreated and relapsed/refractory chronic lymphocytic leukemia and small lymphocytic lymphoma, including disease with adverse molecular prognostic indicators, zanubrutinib showed high response rates and relatively long progression-free survival intervals. Toxicity appeared to be less than with ibrutinib, the first agent in this class. There are many treatment options for these diseases, and among these differences in overall survival have been demonstrated. In the absence of evidence of superiority to other treatments in comparative trials or superiority to no treatment in patients who have exhausted other treatment options, use of zanubrutinib is not recommended.	