IBM Watson Health™

COMPENDIA TRANSPARENCY TRACKING FORM

DATE: August 11, 2021

PACKET: 2127

DRUG: Bendamustine Hydrochloride

USE: Waldenström macroglobulinemia; In combination with rituximab

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, E, 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
Castillo, JJ, Advani, RH, Branagan, AR, et al: Consensus treatment recommendations from the tenth International Workshop for Waldenstrom Macroglobulinaemia. Lancet Haematol Nov 2020; Vol 7, Issue 11; pp. e827-e837.		S
Rummel,M.J., Niederle,N., Maschmeyer,G., et al: Bendamustine plus rituximab versus CHOP plus rituximab as first-line treatment for patients with indolent and mantle-cell lymphomas: an open-label, multicentre, randomised, phase 3 non-inferiority trial.[Erratum appears in Lancet. Lancet Apr 06, 2013; Vol 381, Issue 9873; pp. 1203-1210.	This was an open-label, phase 3 randomized non-inferiority trial that assessed rituximab with either CHOP or bendamustine in patients with indolent and mantle-cell lymphomas. The risk of detection bias was deemed high because the study employed an open-label design without the use of independent reviewers.The risk of potential bias associated with randomization, allocation concealment, performance, attrition and reporting were deemed low.	S
Rummel,M., Kaiser,U., Balser,C., et al: Bendamustine plus rituximab versus fludarabine plus rituximab for patients with relapsed indolent and mantle-cell lymphomas: a multicentre, randomised, open-label, non-inferiority phase 3 trial. Lancet Oncol Jan 2016; Vol 17, Issue 1; pp. 57-66.		2
Paludo,J., Abeykoon,J.P., Shreders,A., et al: Bendamustine and rituximab (BR) versus dexamethasone, rituximab, and cyclophosphamide (DRC) in patients with Waldenstrom macroglobulinemia. Ann Hematol Aug 2018; Vol 97, Issue 8; pp. 1417-1425.	This was a retrospective observational study that assessed bendamustine/rituximab (BR) compared to dexamethasone/rituximab/cyclophosphamide in patients with indolent and mantle-cell lymphomas. The risk of potential bias associated with confounding, selection, classification and deviation of interventions, attrition, and reporting were all deemed low.	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 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
Jeffrey Klein	Evidence Favors Efficacy	Class IIa: Recommended, in Most Cases	The use of bendamustine with rituximab appears to be quite effective in small studies. Progression free survival is the benefit of this combination. The adverse effect profile seems to be tolerable.	
Richard LoCicero	Effective	Class I: Recommended	Bendamustine in combination with rituximab is an estabilshed and preferred treatment of Waldenstrom's macroglobulinemia (WM). Clinical trials have confirmed its efficacy and consensus treatment recommendations from the 10th International Workshop for WM (2020) support its use.	

John Roberts	Evidence Favors Efficacy	Class IIb: Recommended, in Some Cases	Existing data is not sufficient to make evidence-based decisions regarding the treatment of Waldenstrom's macrpglobulinemia. Several combinations of agents of diverse classes as well as selected protein tyrosine kinase inhibitors as single agents have shown activity in terms of disease response, with high partial response rates and progression free survival measured in many months or a few years. Most regimens have moderate toxicity. These results suggest that most patients should receive treatment. Bendamustine in combination with ritixumab is one such regimen.	