



## COMPENDIA TRANSPARENCY TRACKING FORM FOR ONCOLOGY OFF-LABEL USES DERIVED FROM GUIDELINES

**DATE:** June 6, 2025

### DRUG NAME: Nimodipine

**OFF-LABEL USE:** Chemotherapy-induced peripheral neuropathy, in patients with cancer undergoing treatment with neurotoxic agents; Prophylaxis

COMP	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, \*to meet requirement 1(C, L)

CODE	EVALUATION/PRIORITIZATION CRITERIA
Α	Treatment represents an established standard of care or significant advance over current therapies
С	Cancer or cancer-related condition
E	Quantity and robustness of evidence for use support consideration
L	Limited alternative therapies exist for condition of interest
Р	Pediatric condition
R	Rare disease
S	Serious, life-threatening condition

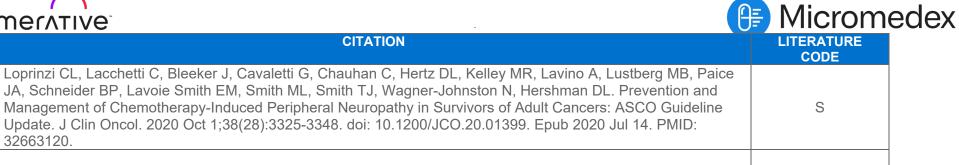
Note: a combination of codes may be applied to fully reflect points of consideration [eg, therapy may represent an advance in the treatment of a lifethreatening condition with limited treatment alternatives (ASL)]

### **EVIDENCE CONSIDERED:**

\*to meet requirements 2 and 4

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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
Stacy LaClaire, PharmD	None
Deanna Rossi, PharmD	None

#### **ASSIGNMENT OF RATINGS:**

\*to meet requirement 4

	EFFICACY	STRENGTH OF RECOMMENDATION	STRENGTH OF EVIDENCE
MERATIVE MICROMEDEX	Class IIb- Evidence is Inconclusive	Class III – Not Recommended	В