IBM Watson Health

COMPENDIA TRANSPARENCY TRACKING FORM

DATE: 4/5/2021

PACKET: 2083

DRUG: Sorafenib Tosylate

USE: Acute myeloid leukemia, disease; FLT3-ITD mutation-positive, maintenance therapy following allogeneic HSCT

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
Bazarbachi, A, Bug, G, Baron, F, et al: Clinical practice recommendation on hematopoietic stem cell transplantation for acute myeloid leukemia patients with FLT3-internal tandem duplication: a position statement from the Acute Leukemia Working Party of the European Society for Blood and Marrow Transplantation. Haematologica Jun 2020; Vol 105, Issue 6; pp. 1507-1516.		S
Heuser, M, Ofran, Y, Boissel, N, et al: Acute myeloid leukaemia in adult patients: ESMO Clinical Practice Guidelines for diagnosis, treatment and follow-up. Ann Oncol Jun 2020; Vol 31, Issue 6; pp. 697-712.		4
Xuan L, Wang Y, Huang F, et al. Sorafenib maintenance in patients with FLT3-ITD acute myeloid leukaemia undergoing allogeneic haematopoietic stem-cell transplantation: an open-label, multicentre, randomised phase 3 trial. Lancet Oncol. 2020 Sep;21(9):1201-1212.	This was an open-label, randomized phase 3 trial that assessed post-transplantation maintenance therapy with sorafenib compared to non-maintenance in patients with FLT3-ITD acute myeloid leukemia. The risk of potential bias associated with randomization, allocation concealment, detection, attrition and reporting were deemed low. Performance bias risk was deemed high risk due to lack of masking in the study participants and investigators. The authors used an appropriate cumulative incidence model for competing risks.	S

Burchert, A, Bug, G, Fritz, LV, et al: Sorafenib maintenance after allogeneic hematopoietic stem cell transplantation for acute myeloid leukemia with FLT3-internal tandem duplication mutation (SORMAIN). J Clin Oncol Sep 2020; Vol 38, Issue 26; pp. 2993-3002.	This was a double-blind, placebo-controlled randomized phase 2 trial that assessed post-transplantation maintenance therapy with sorafenib in patients with FLT3-ITD acute myeloid leukemia. The risk of potential bias associated with randomization, allocation concealment, performance, detection, attrition and reporting were deemed low. The authors used an appropriate cumulative incidence model for competing risks.	S
Xuan, L, Wang, Y, Huang, F, et al: Effect of sorafenib on the outcomes of patients with FLT3-ITD acute myeloid leukemia undergoing allogeneic hematopoietic stem cell transplantation. Cancer May 01, 2018; Vol 124, Issue 9; pp. 1954-1963.		2
Xuan, L and Liu,Q: Maintenance therapy in acute myeloid leukemia after allogeneic hematopoietic stem cell transplantation. J Hematol Oncol Jan 06, 2021; Vol 14, Issue 1; p. 4.		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 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	Effective	Class IIa: Recommended, in Most Cases		B
Jeffrey Klein	Effective	Class I: Recommended	In multiple trials, the use of Sorafenib as maintenance therapy following allogenic HCST demonstrated a low degree of relapse of the disease AML. The product was well tolerated and even maintained its efficacy if the dose was reduced.	
John Roberts	Effective	Class IIa: Recommended, in Most Cases	In a single randomized, double blind placebo controlled trial, maintenance sorafenib following allogeneic hematopoietic stem cell transplantation in FLT3-ITD mutation-positive acute myeloid leukemia showed a statistically and clinically significant overall survival advantage at 2 years. Subjects on sorafenib experienced higher frequencies of grade 3/4 graft-versus-host disease. Treatment should be initiated early, but not in the presence of active acute graph-versus-host disease.	
Richard LoCicero	Effective	Class IIa: Recommended, in Most Cases	Sorafenib maintenance after allogeneic stem cell transplant for FLT3-ITD mutation-positive AML has been shown to improve relapse free survival in a phase III randomized trial. Unexpected toxicity was not observed. Its use is recommended in patients without active GVHD.	