COMPENDIA TRANSPARENCY TRACKING FORM

DATE: March 27, 2024

OFF-LABEL ID #: 2668

DRUG NAME: Mirtazapine

OFF-LABEL USE: Malignant cachexia

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, L *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	LITERATURE CODE
Chowdhury, IH, Rahman, MS, Chowdhury, MNK, et al: Mirtazapine versus megestrol acetate in treatment of anorexia-cachexia in advanced cancer patients: a randomized, double-blind trial. Jpn J Clin Oncol Feb 06, 2024; Vol Epub, p. Epub. Pubmed ID: 38323684	S
Almeida, OLS, Ferriolli, E, Taveira, RCC, et al: Mirtazapine versus Megestrol in the Treatment of Anorexia-Cachexia Syndrome in Patients with Advanced Cancer: A Randomized, Double-Blind, Controlled Phase II Clinical Trial. Cancers (Basel) Jul 12, 2023; Vol 15, Issue 14; p. 3588. Pubmed ID: 37509249.	S
Arrieta, O, Cardenas-Fernandez, D, Rodriguez-Mayoral, O, et al: Mirtazapine as Appetite Stimulant in Patients With Non-Small Cell Lung Cancer and Anorexia: A Randomized Clinical Trial. JAMA Oncol Jan 11, 2024; Vol Epub, p. Epub. Pubmed ID: 38206631.	3
Hunter, CN, Abdel-Aal, HH, Elsherief, WA, et al: Mirtazapine in Cancer-Associated Anorexia and Cachexia: A Double-Blind Placebo-Controlled Randomized Trial. J Pain Symptom Manage Dec 2021; Vol 62, Issue 6; pp. 1207-1215. Pubmed ID: 34051293	3
Gavioli, EM, Burger, A, Gamaleldin, A, et al: Propensity score-matching analysis comparing safety outcomes of appetite-stimulating medications in oncology patients. Support Care Cancer Jul 2022; Vol 30, Issue 7; pp. 6299-6305. Pubmed ID: 35471615	2
Roeland, EJ, Bohlke, K, Baracos, VE, et al: Cancer Cachexia: ASCO Guideline Rapid Recommendation Update. J Clin Oncol Sep 01, 2023; Vol 41, Issue 25; pp. 4178-4179. Pubmed ID: 37467399	4
Roeland, EJ, Bohlke, K, Baracos, VE, et al: Management of cancer cachexia: ASCO guideline. J Clin Oncol May 20, 2020; Vol Epub, p. Epub. Pubmed ID: 32432946	4
Muscaritoli, M, Arends, J, Bachmann, P, et al: ESPEN practical guideline: Clinical Nutrition in cancer. Clin Nutr May 2021; Vol 40, Issue 5; pp. 2898-2913.	4
da Fonseca, GWP, Sato, R, de Nazare Nunes Alves, MJ, et al: Current advancements in pharmacotherapy for cancer cachexia. Expert Opin Pharmacother Apr 2023; Vol 24, Issue 5; pp. 629-639. Pubmed ID: 36995115	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
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
MERATIVE MICROMEDEX	Evidence Favors Efficacy	Class IIb: Recommended, in Some Cases		B
Jeffrey Klein	Evidence Favors Efficacy	Class IIb: Recommended, in Some Cases	The use of Mirtazapine does not appear to be as effective as Megesterol Acetate to treat cachexia in oncology patients. There are some patients and/or genders that should not take Megesterol. For those patients Mirtazapine might be a good alternative. There are side effects that need to be considered with Mirtazapine.	
Todd Gersten	Evidence Favors Efficacy	Class IIb: Recommended, in Some Cases	Mirtazapine has evidence supporting improved appetite and weight gain in cancer patients. However, this does not appear to be any better, if not less effective, than the long standing "standard of care" drug megestrol.	

Warren Brenner	Ineffective	Class III: Not Recommended	Based on this data I would consider mirtazapine less effective than megesterol. I would still consider using it in patients at high risk for DVT where we may want to limit drugs such as megesterol that can increase risk of clotting. It is difficult to make to much of the difference in effectiveness in males vs females based on small subsets. I would also consider in patients who cannot afford megesterol agents where sometimes cost can be an issue.	