IBM Watson Health

**COMPENDIA TRANSPARENCY TRACKING FORM**

**DATE:** 4/26/2019

**PACKET:** 1812

**DRUG:** Eltrombopag Olamine

**USE:** Thrombocytopenic disorder, Monotherapy, Myelodysplastic syndrome (clinical)

| 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 |
|---|---|---|
| Mittelman,M., Platzbecker,U., Afanasyev,B., et al: Eltrombopag for advanced myelodysplastic syndromes or acute myeloid leukaemia and severe thrombocytopenia (ASPIRE): a randomised, placebo-controlled, phase 2 trial. Lancet Haematol Jan 01, 2018; Vol 5, Issue 1; pp. e34-e43 | This was a three-part, phase II, randomized controlled trial that included MDS and AML patients treated with either eltrombopag or placebo in addition to supportive standard of care. Part 1 was an open-label dose-escalation study, Part 2 was a 12-week double-blind multicentre RCT, and Part 3 was an open-label extension. The risk of potential bias associated with randomization, allocation concealment, blinding, attrition, and selective reporting were deemed low. Other sources of bias related to differences in baseline characteristics (specifically karyotype abnormalities) were deemed unclear risk. | S |
| Oliva E et al. Eltrombopag versus placebo for low-risk myelodysplastic syndromes with thrombocytopenia (EQoL-MDS): phase 1 results of a single-blind, randomised, controlled, phase 2 superiority trial. Lancet Haematol 2017; 4: e127–36 | This was a two-part, multicentre, phase II, randomized controlled trial that included MDS patients treated with either eltrombopag or placebo. This trial reports only phase 1 outcomes. The risk of potential bias associated with randomization, allocation concealment, performance bias, attrition, and selective reporting were deemed low. The risk of potential detection bias was deemed high risk due to the single-blind nature of the trial. Other sources of bias related to differences in baseline characteristics were deemed unclear risk. | S |
| Platzbecker U et al. Safety and tolerability of eltrombopag versus placebo for treatment of thrombocytopenia in patients with advanced myelodysplastic syndromes or acute myeloid leukaemia: a multicentre, randomised, placebo-controlled, double-blind, phase 1/2 trial. Lancet Haematol 2015; 2: e417–26 | | 2 |

| | | |
|---|---|---|
| Dickinson,M., Cherif,H., Fenaux,P., et al: Azacitidine with or without eltrombopag for first-line treatment of intermediate- or high-risk MDS with thrombocytopenia. Blood Oct 10, 2018; Vol Epub | | 1 |
| Dodillet,H., Kreuzer,K.A., Monsef,I., et al: Thrombopoietin mimetics for patients with myelodysplastic syndromes. Cochrane Database Syst Rev Sep 2017; Vol 2017, Issue 9; p. CD009883. | | 2 |

**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 | | |
| Margi Schiefelbein, PA | None | | |
| | | John D Roberts | None |
| | | Jeffrey Klein | None |
| | | Richard LoCicero | Incyte Corporation<br><br>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 |
| John Roberts | Evidence Favors Efficacy | Class IIb: Recommended, in Some Cases | Eltrobopag showed modest efficacy and moderate but generally reversible toxicity in two prospective, placebo controlled trials (one trial is ongoing). | |
| Richard LoCicero | Evidence Favors Efficacy | Class IIb: Recommended, in Some Cases | Two small trials have demonstrated efficacy of eltrombopag in the management of thrombocytopenia associated with MDS or AML. Platelet counts increased and a decrease in bleeding episodes was observed. No unexpected toxicity was observed. | |
| Jeffrey Klein | Evidence Favors Efficacy | Class IIb: Recommended, in Some Cases | The use of Eltrombopag to treat thrombocytopenia in low risk MDS patients showeda good degree of efficacy. Reduced need for platelet transfusions as well as increased platelet counts were observed. When treating high risk patients the incidence of adverse effects was very significant that using this medication is not warranted. | |